Deanship of Graduate studies

AL Quds University

The impact of traumatic experiences resulting from the war on Gaza on self-esteem and resilience among university students

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M.P.H Thesis

Jerusalem – Palestine

1433 / 2012

The impact of traumatic experiences resulting from the war on Gaza on self-esteem and resilience among university students

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A Thesis Submitted In Partial Fulfillment Of Requirements For The Degree OF Master Of Community Mental Health

Al -Quds University

1433 / 2012

AL Quds University
Deanship of Graduate Studies
School Of Public Health / Community Mental Health

Thesis Approval

The impact of traumatic experiences resulting from the war on Gaza on self-esteem and resilience among university students

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Jerusalem – Palestine
1433 / 2012

بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

أُذِنَ لِلَّذِينَ يُقَاتَلُونَ بِأَنَّهُمْ ظُلِمُوا وَإِنَّ اللَّهَ عَلَىٰ نَصْرِهِمْ لَقَدِير

(الحج - 39)

Dedication

I dedicate this work

To the pure souls of the Gaza war martyrs who were martyred in defense of the nation dignity

To my beloved father, who taught me that the best kind of knowledge to have is that which is learned for its own sake.

To my respected mother, who taught me that even the largest task can be accomplished if it is done one step at a time.

To my patience wife

To my lovely sons Mohammed ……. Ahmed ……..Momen

To my sweetie daughters Lama ……. Alma

Without their help and encouragements it simply never would have done.

Declaration

I certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed ……

Said Mohammed Abu Sultan

Date: …….

Acknowledgments

First and foremost, I humbly thank Allah Almighty, the Merciful and the Beneficent, who gave me health, thoughts and co-operative people and strength to work and complete the study.

I wish like to express my appreciation and love to my parents who have prayed very hard for my success, encouraged me and showed great understanding in this study.

I would like to express my deepest gratitude to my supervisor Prof. Dr. Abdel Aziz Thabet for his supervision and guidance throughout this study. I would like to thank him for sincerity, tolerance, understanding, and support. It was a fortune to work with him during this challenging process.

I appreciate the university and the faculty for offering me a chance to explore my interest thoroughly and academically.

Special thanks are due to all the students who participated in the study for their commitment, time and effort. I could not have done it without you.

I would like to thank the directors of public relations in the Islamic, AL-Azhar, Al-Aqsa and Al-Quds Open Universities. I wish to give special thanks to Dr. Derdah El-Shaer Dean of Student Affairs for Al-Aqsa University for his great help in the distribution and collection of questionnaires.

I owe my heartfelt gratitude to my wife and children who shared all the stresses and difficulties of producing this study patiently. I would like to thank for their sacrifices and support during my journey process, I know my success is their inspiration.

I simply could not have finished without the encouragement, appreciation, helpful suggestions and support of my brothers and sisters.

Abstract

This study aims to examine the impact of traumatic experiences resulting from the war on Gaza on self-esteem and resilience among university students, also to explore the effect of socio-economic and demographic characteristics at the level and severity of trauma, resilience and self-esteem of the university students. Cross sectional descriptive analytic study was applied. The sample consisted of 399 (167 males, 232 females) students enrolled at four universities in Gaza-strip ; Islamic university, Al-Azhar university, Al-Aqsa university and Al-Quds Open university. Four instruments are used in the study , The Gaza Traumatic Events Checklist for war on Gaza, Connor-Davidson Resilience Scale, State-Trait Anxiety Inventory STAI, and Demographic Information Sheet. The results showed that the total mean of traumatic experience was 4.72, and there was relation between traumatic events and sex of the students in favor of males, but there weren't any differences between traumatic events and name of the university, type of residence, and the family income. The mean of total resilience was 64.54 and the means of its subscales as follows: personal competence high standards and tenacity 20.99 ; trust in one's instincts , tolerance of negative affect and strengthening effects 15.32 ; positive acceptance of change, and secure relationships 13.18 ; control 7.78 ; spiritual 7.27 . Male students showed more resilience than females especially in the trust in their instincts and employee students were more resilient than other (Open Al-Quds students). Refugees students had more resilience than those who lived in villages or cities and high monthly income students were more resilient than low socio-economic students. The mean of anxiety state and trait nearly the same (46.62 - 44.90), and the results indicate that both the state and trait anxiety were moderate for university students. Males and females students had the same level of both types of anxiety state and trait. No effects for name of the university, type of residence, and the family income of the students at the level of state or trait anxiety. The study found correlation between traumatic events and resilience subscales, correlation between anxiety state and total traumatic events and no correlation between anxiety trait and total traumatic events, and negative significant correlation between anxiety state and trait with total resilience and its subscales, which mean that increase

of total resilience and its subscales lead to decrease in anxiety state and trait and vise-versa. Finally recommendations of the findings such as providing therapeutic intervention program such as crisis intervention for students who was affected directly from Israeli violence, or those who are at risk. and generation counseling department in every university and the staff mission is to give lectures that talk about the psychological problems associated with the trauma. as well as suggestions for further research are discussed.

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Chapter One

1.1 Introduction

Since 1948, Palestinians have suffered from the repeated episodes of war and conflict which have occurred approximately every seven to ten years; so Palestinians live under severe conditions with the sense that every ninae years there is a war or an Intifada (Uprising), compounded with continued sense of oppression caused by the occupation (Altawil, m. et al., 2008).

The Palestinians are frequently subjected to direct and indirect violence, discrimination, denial of resources such as water and restriction of free movement; literature indicates that exposure to violence and other stressors- due to Israeli occupation- are associated with both trauma and the development of psychological problems (Giacaman, et al., 2009).

The degree of traumatisation inflicted on Palestinians during the first Intifada (1987) has been well documented in psychological (Baker, 1990, 1991) and human rights literature (Al-Haq, 1988). Death, injury, incarceration, detention, and severe restrictions on mobility and personal liberty were everyday occurrences for Palestinian people living in the occupied Palestinian territories of the West Bank and Gaza Strip(Baker & Kanan, 2003). The studies conducted on Palestinian children during the first Intifada (1987) showed that they suffered from anxiety, depression, and PTSD symptoms (Thabet &Vostanis, 2000; Khamis, 1993; Garbarino & Kostelny, 1996). Self-esteem was enhanced, however, due mainly to the role, status, and participation of children in the Intifada (Baker, 1992). Furthermore, the Israelis did not resort to the use of aircraft or heavy artillery during the first Intifada, the conflict was between demonstrating civilians (children and adults) armed with stones and Israeli soldiers using live ammunition, tear-gas, rubber-coated and plastic bullets, and sound bombs; many of the dire psychological effects of the first Intifada were found to have been mitigated by the resilience of Palestinian children (Qouta, El-Sarraj, & Punamaki, 2001). The second Intifada (September 2000) however, witnessed a major tactical shift on the Israeli and Palestinian sides; although it began in a similar manner (widespread demonstrations by civilians, including children) as its predecessor, it soon escalated to the use of firearms and weapons, reaching new magnitudes of destruction in march 2002, when Israeli forces began to make repeated and systematic ‘incursions’ into Palestinian cities and towns, the Israelis resorted to the use of Apache helicopters, F-16

fighter jets, and tanks and armoured personnel carriers to target buildings, installations, individuals and vehicles (Baker & Kanan, 2003).

Many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function (Bonanno, 2004).

On 27 December 2008 the bloodiest day in the history of the occupation. At around 11:30 a.m. Israeli air strikes – involving approximately 60 warplanes – were launched throughout the Gaza Strip, focusing on Gaza City. Attacks were directed against security and police headquarters, and governmental institutions that provide daily services to the population. the sudden bombing of the first day resulted in the death of 334 Palestinians, including 238 police officers, 12 children and 6 women. This Israeli operation ends after 23 days , the results were devastated :1,419 Palestinians were martyrized and at least 5,300 Palestinians were wounded. These attacks resulted in the complete destruction of 2114 houses and approximately further 16000 houses were damaged as a result of bombardment and destruction As a result of this devastation, approximately 51453 Palestinians were made homeless(Palestinian Centre for Human Rights,2009).

1.2 Problem statement

From my reading , exposure to war trauma has been independently associated with posttraumatic stress disorder and other emotional disorders in children and adults, there is a pattern of violence against Palestinian adolescence and children in the Gaza Strip that has serious and debilitating psychiatric and psychological effects , most of them have been tear gassed, have had their homes searched and damaged, and have witnessed shooting, fighting and explosions, many have been injured or tortured as a result of chronic war that spans generations , the way people respond during acute exposure to trauma is crucial in explaining whether they recover or develop positive or negative mental health symptoms. University students are the most important age groups which communities depend on their contributing to building state institution, so as professionals we want to explore the following question: Is their a relationship between exposure to traumatic experiences due to war on Gaza on self-esteem and resilience among university students?

1.3 Study justification

It is well known that war has negative effects on the mental health of civilian populations. However, different perceptions and reactions to trauma have different impacts on the psychological well-being of affected populations(Rouham,Y. & Monique, Ch., 2011). From my own reading the major focus of the studies which conducted after the war on Gaza was directed toward the children especially measuring the prevalence of post traumatic stress disorder and few reports and studies are conducted to measure the impact of traumatic experiences resulting from the war on Gaza on self-esteem and resilience among university students. This study will conducted in order to extend our understanding of the phenomena being investigated and to know whether the situation has changed after the war or not, and from other side to highlight the brutal practices of the Israeli occupation to take advantages from the results of this study in international courts for war crimes.

1.4 Aim of the study

This study aims to examine the impact of traumatic event on resilience, and self-esteem of Palestinian university students.

1.5 Objectives

1. To identify the rate, type of the traumatic experiences among university students.
2. To identify the type of resilience, self-esteem among university students.
3. To determine the relationship between exposure to the traumatic experiences, resilience and self-esteem.
4. To determine the relationship between traumatic experiences, resilience, self-esteem and socio-demographic variables.

1.6 Research questions

The main research questions for this quantitative study are as follows:

1. What is the rate of the traumatic experiences among university students?
2. What is the type of the traumatic experiences among university students?

3. What is the type of resilience among university students?
4. What is the type of self-esteem among university students?
5. What is the relationship between exposure to the traumatic experiences, resilience and self-esteem?
6. What is the relationship between traumatic experiences and socio-demographic variables?
7. What is the relationship between resilience and socio-demographic variables?
8. What is the relationship between self-esteem and socio-demographic variables?

1.7 Background

1.7.1Gaza strip:

The Gaza Strip is a narrow strip of land on the Mediterranean coast. It borders Israel to the east and north and Egypt to the south. It is approximately 41 kilometers long, and between 6 and 12 kilometres wide, with a total area of 378 square kilometers. In 1948, the Gaza Strip had a population of less than 100,000 people. By 2007, approximately 1.4 million Palestinians lived in the Gaza Strip, of whom almost one million were UN-registered refugees(UNEP,2009). Gaza strip has high population density. There is high unemployment, socio-economic deprivation, family overcrowding.The population is about 1.562 million people 793.000 are males and 769.000 are females, as of July 2010 (PCBS,2011). The current population is distributed across five Governorates. Gaza City which is the biggest governorate has about 400,000 inhabitants. The two other main governorates are KhanYounis (population 200,000), and Rafah (population 150,000) to the south. The majority of people live in eight crowded refugee camps.

Most of them descendants of refugees, although the vast majority of them were actually born in the Gaza Strip; the older generation fled to Gaza in 1948 as part of the Palestinian Nakba following the Israeli occupation. Israeli occupation controlled the Gaza Strip beginning in June 1967, after the six-day war; during the period of Israeli control, Israeli occupation created 21 settlements comprising 20% of the total territory.

On 1 September 2005 Israeli occupation removed the settlements and settlers from Gaza Strip as part of Israel's unilateral disengagement plan, but maintains control of Gaza's airspace and territorial waters and does not allow any movement of people or goods in or

out of Gaza via air or sea. On December 2008, the Israeli occupation forces conducted sudden and intensive air strikes on Gaza Strip. The operation continued for 23 days (Palestinian Centre for Human Rights,2009). The blockade of the Gaza strip continued after the end of the war until now.

1.7.2 The Universities in Gaza- Strip

1.7.2.1 Islamic University of Gaza

The Islamic University of Gaza (IUG) is an independent Palestinian institution located in Gaza. It is the first higher education institution to be established in Gaza.
It began with three faculties in 1978 and currently has eight faculties introducing BA. B.Sc., MA, M.Sc., Diploma and higher diploma in a variety of disciplines.
The number of Islamic University students (males and females) until second semester of year 2010-2011 is 19077 students.

1.7.2.2 Al-Azhar University

It was established in Gaza in 1991 as an institution of higher education which meet the Palestinian people aspirations and to be the title for giving capacity of this public.
In twenty years of its life, the University has twelve faculties. Besides, the university comprises educational centers, which can meet the needs of the Palestinian community, and help its youth majoring in diverse and fruitful fields of post-graduate knowledge.
Moreover, the University has established postgraduate study programs towards a master degree in Pharmacy, Arts, Mediterranean Studies, Law, Education, Agriculture, Water Sciences and Environment, Statistics, Accounting, Business Administration, Economic, Political Sciences, Chemistry, Biology and Mathematics.
The number of Al-Azhar University students (males and females) until second semester of year 2010-2011 is 11424 students.

1.7.2.3 Al-Quds Open University

Al-Quds Open University is the first of its kind in the Arab world. It was established in 1991, and considered the largest academic institution in the country, with over 60,000

students studying in 23 educational areas and study centers distributed over the West Bank and Gaza Strip, While Gaza educational region was established in 1992.
The number of Al-Quds Open University students (males and females) until second semester of year 2010-2011 is 12826 students.

1.7.2.4 Al-Aqsa University

Al-Aqsa University is a Palestinian university established in 1991 in the Gaza Strip. The 6 faculties offer bachelor degrees with postgraduate studies on a joint program, established in 1994, between al Aqsa University and Ain Shams University, Egypt.
Faculty of Applied Sciences; Faculty of Art and Human sciences; Faculty of Education Faculty of Fine Arts; Faculty of Media; Faculty of Management and Financing.
The number of Al-Aqsa University students (males and females) until second semester of year 2010-2011 is 13219 students.

1.8 Operational definition

The study variables:

Dependent variable is: Self-esteem and resilience among university students.
Independent variable is: Traumatic experiences resulting from the war.

1.8.1 Traumatic experiences

Traumatic experiences can loosely be defined as life experiences that are both psychologically and physiologically disruptive to the individual, even when no physical or direct damage has been done to the body (van der Kolk, et al., 1996).

1.8.2 Resilience

The ability of adults who are exposed to an isolated and potential highly disruptive event to maintain relatively stable, healthy levels of psychological and physical functioning, as well as the capacity for generative experiences and positive emotions (Bonanno, 2004).

1.8.3 Self-esteem

Self-Esteem is the confidence in one's capacity to achieve values (Branden, 1970). It reflects how the individual views and values the self at the most fundamental levels of psychological experiencing (Bednar & Peterson, 1995).

1.9 Chapter outline

This study will consist of five chapters.

Chapter one served as an introduction to the study and provided the background to the research, aims, Problem, objectives, and study questions.

Chapter two will present the theoretical framework and a review of relevant literature that is related to the study subject, which will been collected from scientific researches, published magazine, and other scientific ways.

Chapter three will focus on the research design and methodology employed. The chapter also includes a discussion of the research instrument, and the motivation for its use. Details on sampling, data collection process and procedures, data analysis.

Chapter four presents the research results and its tables.

In chapter five the results will be related to the literature review, and be discussed in terms of the research aims. Lastly, the conclusions and recommendations for further research will be provided.

Chapter Two

Theoretical framework

2.1 Introduction

Trauma has recently become a renewed concern for patients and therapists, of course, handling catastrophes is a problem as old as mankind because our history has been filled with trauma, disease, injury, storms, starvation, fears, arguments, war, abuse, death. The growing recognition and occurrence of traumatic exposure in the general population has given increased salience to the need to understand the concept of resilience. The notion of resilience encompasses psychological and biological characteristics, intrinsic to an individual, that might be modifiable and that confer protection against the development of psychopathology in the face of stress(Elizabeth A. Hoge, et al.,2007) .

In this review, we provide some perspective on the concepts of trauma, resilience and self-esteem by examining early use of these terms in research and discuss the theories, definitions and factors associated with these concepts. At the figure below we need to explore the relation between the trauma and each of resilience and self-esteem with socio-demographic characteristics of university students.

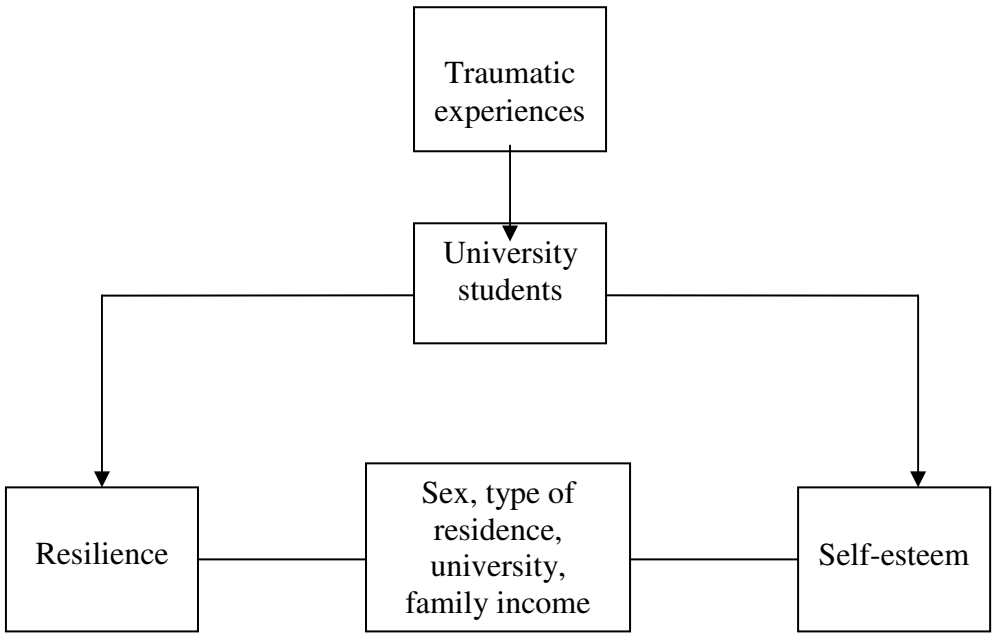

Figure (2.1) represents the connection between the trauma and each of resilience and self-esteem with socio-demographic characteristics.

2 .2 Trauma

2.2.1 History of trauma theories

The establishment of modern psychological theories on trauma began in the nineteenth century. One of the earliest trauma theorists was Pierre Janet.. He believed that an individual's being in touch with his or her own personal past, combined with having accurate perceptions of current situations, determines whether a person is able to respond appropriately to stress. Janet describe the collection of memories that form the mental schemes that guide a person's interaction with the environment and called it 'subconscious' . In his view, appropriate categorization and integration of past experience allow people to develop meaning schemes that prepare them to cope with subsequent challenges , when clients fail to integrate the traumatic experience into the totality of their personal awareness, they become 'attached' to the trauma (van der Kolk, et al., 1996) .

Sigmund Freud, who was father of psychoanalysis discovered that a psychological trauma was at the basis of women's so-called hysteria. His research on trauma began at the end of the 19th century (Caruth, 1995). Freud stat that, the subconscious contains affectly charged events encoded in an altered state of consciousness. Then he theorized that, something is traumatic because it remains outside conscious awareness (van derKolk, et al., 1996). Freud first studied trauma in his female patients experiencing hysteria. He developed the seduction theory which explain the patients' stories of sexual abuse, stating that memories of this suspected or imagined early abuse were repressed, causing traumatic symptoms in the form of hysteria. But in other hand Freud viewed trauma in war veterans differently and called it as trauma neurosis. He explained that the element of surprise in battle was repressed resulting in traumatic symptoms for the individual and wounds suffered by these men generally protected them from developing traumatic symptoms (Van derKolk, et al., 1996; Wrenn, 2003). In the beginning 1900's Abram Kardiner, another trauma theorist argued that trauma causes one to change his beliefs regarding the self in relation to the world(van der Kolk, et al., 1996). Bowlby (1980) added that when the trauma is an untimely and sudden loss, it causes the world to become disordered.

From its beginning in the 1800's until the mid 1970's the study of the trauma and its effects focused on white adult males, with the notable exception of Freud's study of

hysteria in women. It was not until 1974 that the research studies broadened to include issues of women and children (Bowlby, 1980; Van derKolk, et al., 1996; Piers, 1998).

2.2.2 Definition of trauma

The DSM-IV TR (Diagnostic and Statistical Manual of Mental Disorders – fourth edition, text revision) defines a traumatic event as one in which both of the following was present:
1. The person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.2. The person's response involved intense fear, helplessness or horror. Note: in children, this may be expressed instead by disorganized or agitated behavior (DSM-IV TR, 2000).

In its most primary origin, the Greek word 'trauma' referred to an injury inflicted on the body rather than on the mind. In its later usage, it is used more and more to refer to conditions concerning the mind (Caruth, 1996). Unlike the wounding of the body, which is a simple and in most cases healable injury, the wounding of the mind is much more complex because it is not experienced in real time, which makes it harder to register for our consciousness (Verbestel, 2010).

Huopainen (2002) postulated that the child can be vicariously traumatized by observing violence between his parents, by hostile divorce proceedings or by the untreated emotional consequences of his mother's miscarriage or other loss of child. In addition, a child can be traumatized by physical abuse, a parent's existing dissociative disorder or other psychopathology, or by experiences of deprivation such as abandonment and neglect.

Scaer (2005) defines a broader 'trauma spectrum' that ranges from catastrophic events such as war , sexual abuse and other extreme forms of violence to 'little traumas' such as childhood neglect, motor vehicle accidents, and exposure to violence via the media and popular entertainment; even these little traumas, can result in constriction of behavioral options, decreased resiliency, poor physical health and decreased ability to function independently.

Traumatic experiences can defined as life experiences that are both psychologically and physiologically disruptive to the individual, even when no physical or direct damage has been done to the body (van der Kolk et al., 1996). In addition to this, these experiences do not need to be directly life threatening as in child abuse; the individual attempts to process

experiences in order to give them a sense of context and meaning within his or her memory; however, when the experience has been sufficiently strong and disruptive it will not necessarily run in the same manner as ordinary material (Perry et al., 1995). It tends to be stop at the sensory and emotional level of encoding causing traumatic symptoms such as hysteria , aphasia , and its transfer to the areas of the brain that would normally give it meaning and semantic cohesion is disrupted (Rauch, et al., 1996; van der Kolk, et al., 1996).

2.2.3 Types of trauma

Terr (1991) proposed that there are two basic types of trauma, which she called Type I and Type II trauma.

Type I trauma results from a single event, such as a rape or witnessing a murder. Survivors of type I trauma generally retain complete memory of their experience. These individuals struggle to make sense out of what happened. They may experience perceptual errors such as visual hallucinations or time distortions.

Type II trauma results from "repeated exposure to extreme external events. Survivors of type II trauma generally have at least some memory of their experience. Children who sustain Type II trauma use massive denial, repression, dissociation, identification with the perpetrator, and aggression against themselves as coping mechanisms. These children are often diagnosed as having conduct disorder, attention deficit disorder, depression, or a dissociative disorder.

Solomon & Heide (1999) suggest another type of trauma and called it Type III trauma (complex trauma). It is more extreme and results from multiple and pervasive violent events beginning at an early age and continuing for years. Typically, the child was the victim of multiple perpetrators, and one or more are close relatives. The abusive events were likely frequent, yet unpredictable. Generally, force is used and the abuse has a sadistic quality. The child may have been threatened with torture or death, or death of a loved one. Both sexual and physical abuse may have been perpetrated. Examples would include repeated violent physical and sexual abuse by caretakers.

Christine A. Courtois(2004) defines Complex trauma as traumatic stressors that are interpersonal, planned, and caused by other humans, such as violating and/or exploitation of another person; these stressors are: (1) repetitive, prolonged, or cumulative (2) making

direct harm, and (3) often occur at developmentally vulnerable times in the victim's life, especially in early childhood or adolescence, but can also occur later in life and in conditions of vulnerability associated with disability.

2.2.4 Nature of trauma

Trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena (Caruth, 1996). The fact that the event was overwhelming for the victim means that the victim's brain was not prepared for a shattering experience. The victim was not ready to feel pain and anxiety (LaCapra, 2001). The principal feature of trauma is that the victim is not aware of the trauma at the time of the occurrence. Because of the unexpectedness of the event, the brain is not able to process the shock immediately, thus creating a gap between the occurrence of the trauma and the return to full consciousness (Verbestel, 2010). Whereas Freud described trauma as the succession of the occurrence of the event followed by its suppression and finally by its return, Caruth uses his insight to explain why some traumatic experiences do not seem to affect the victim upon occurrence. The experience of trauma, the fact of latency, would thus seem to consist, not in forgetting of a reality that can hence never be fully known, but in an inherent latency within the experience itself (Caruth, 1995, 1996). So whereas Freud says that the victim forgets the event after it occurred, referring to its return to consciousness (belatedness), Caruth claims that the victim is not able to forget because he did not experience the event in the first place, due to dissociation (Verbestel, 2010).

The first characteristic of trauma is the fact that not the event itself that returns to haunt the patient but the fact that the event was shocking and unexpected and that it caught the victim completely by surprise. A second characteristic of trauma is the fact that surviving the accident or catastrophe has a double nature as well, from one side thinking that after surviving a horrible accident, the victim, when cured from all the bodily and psychological injuries, would be happy to still be alive but it is not as simple as that, because The trauma does not felt strongly at the moment of impact but rather, it hits with greater power later on, and from other side, the fact that, for those who undergo trauma, it is not only the moment of the event, but the passing out of it that is traumatic; that survival itself, in other words, can be a crisis (Caruth, 1996).

A traumatic experience impacts the entire person – how can we remember things, learn, think, feel about other people , feel about ourselves, and the way we make sense of the world are all altered by traumatic experience (Bloom, 1999).

2.2.5 Neurobiology of trauma

Trauma of various kinds has been shown to impact the survivor on a neurological level in a number of ways. Infant neglect or poor physical contact between infant and primary caregiver have been shown to have far more traumatizing potential than often suspected in cases of neglect. Infants who have little contact with a primary caregiver have been shown to develop poorly in areas of mood, intelligence and language abilities when compared to peers who had ample physical contact and care from a primary caregiver (Scaer, 2005).

The overwhelming amount and quality of sensory data and affect experienced during and following trauma also create a weakening of mental capabilities (Huopainen, 2002). Encoding sensory, affective and experiential memories about the trauma to the autobiographical narrative memory alongside the rest of the self is originally impossible even for the adult (Van der Kolk, et al., 1996).

The complexities of memory and meaning-making are also challenging in cases of traumatic experience; the information in traumatic memories is encoded in the brain in visual, auditory, sensory and emotional fragments (Huopainen, 2002).

Cognitive distortions as another set of disruptions trauma survivors frequently encounter, in cases of long-term child abuse, a victim often feels that they have no means of protecting themselves and no ability to stop the abuse. He goes further to say that not only does a victim determine they are without protective options in abusive scenarios, but there is often a tendency to feel they have no options for self-protection in situations where this is not actually the case (Briere, 1992).

2.2.6 Trauma and emotions – dissociation

We don't usually think about it, but it is possible to die of fright or to die of a broken heart, every vital organ system is closely tied in through the autonomic nervous system, with our emotional system. In fact, however, people rarely die from emotional upsets, a fundamental reason for such rarity, despite the extent of fearful circumstances that children face, is the built-in safety valve that we call dissociation (Pennebaker, 1997b).

Dissociation is defined as a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment, it helps us do more than one thing at once, this increase in efficiency may help explain why we evolved the ability, traumatized people make special use of the capacity of dissociation , there are different ways that people dissociate, fainting is an extreme form of simply stopping consciousness, Psychogenic fainting is the brain's way of saying, I can't handle this (bloom,1999).

we are able to cut off all our emotions but that usually happens only in extreme cases of repetitive and almost unendurable trauma, our emotions are intimately tied to the expression of emotion through our facial expressions, our tone of voice, our gestures, so that we easily give away what we may be consciously trying to hide, so If you grow up in a violent home, where every time you express anger you get beaten, it is best that you never show anger, and If you grow up in a home or a culture that says that little boys who cry are wimps who should be taught a lesson, then it is a good idea to learn to never feel sadness, therefore minimizing the danger of tears, in contrast if any sign of pleasure or laughter is met with hostility and abuse, then it is best that you never feel joy, so in this way, children from destructive situations learn how not to feel, they learn to dissociate their emotions from their conscious experience and their nonverbal expression of that emotion and in doing so, they can possibly stay safer than if they show what they feel, but what mentioned above does not mean that the emotion actually goes away, because emotions are built-in, part of our evolutionary, biological heritage and we cannot eliminate them, we can only transmute them, and various sources stated that unexpressed emotions may be very damaging to one's mental and physical health (Pennebaker, 1997b).

2.2.7 Endorphins and stress -addiction to trauma

These magical substances called endorphins are a part of normal, everyday functioning, but they are especially important during times of stress, not only do endorphins calm anxiety, improve our mood, and decrease aggression, but they also are great analgesics since they are related to morphine and heroin, therefore, in times of stress, they provide enough pain relief that we are not disabled by injuries that would otherwise prevent us from escaping the danger, so If people are only exposed to rare episodes of overwhelming stress, then they are less likely to show alterations in this biochemical system, more problematic are those people who are exposed to repeated experiences of prolonged stress, these people, often children, are exposed to repeatedly high levels of circulating endorphins, one hypothesis is that people can become addicted to their own internal endorphins and as a result only feel calm when they are under stress while feeling fearful, irritable and hyperaroused when the stress is relieved, much like someone who is withdrawing from heroin, this has been called addiction to trauma (Van der Kolk & Greenberg, 1987).

If this cycle is in place, then it helps us to understand many of the perplexing symptoms like self-mutilation, risk taking behavior, involvement in violent activity, bingeing and purging, and of course, drug addiction, these perplexing symptoms that have been incomprehensible without this information, stress-addicted children will be those children in the classroom who cannot tolerate a calm atmosphere but must keep antagonizing everyone else until the stress level is high enough for them to achieve some degree of internal equilibrium again (Bloom, 1999).

2.2.8 Overcoming trauma

Overcoming trauma obviously is not something that happens in one day. Instead, the traumatized person has to go through different stages in order to heal, whereas Freud used the terms mourning and melancholia to describe the different stages of a person's traumatic aftereffects (Verbestel, 2010). LaCapra (2001) prefers the respective expressions acting out and working through.

Acting out, or melancholia, means that the traumatized person is still stuck in the past, as he or she keeps on repeating the painful events in the form of nightmares or compulsive behavior (LaCapra, 2001).

There are many different ways in which a person can act out his or her traumatic experiences. In most cases, nightmares often take the patient back to the trauma unconsciously but even when awake and fully conscious, the patient can experience flash-backs of the traumatic event (Verbestel, 2010). LaCapra (2001) defines acting out as a state in which one is haunted or possessed by the past and performatively caught up in the compulsive repetition of traumatic scenes . Besides the nightmares, acting out can also show itself through compulsive behavior and amnesia(a lack of memory_, or sometimes through hypermnesia, (an excess of memory) (Codde, 2009).

Unfortunately, when memories are hostile and hurtful, the tendency to resist remembering obviously grows ,so when patients resist to talk about their feelings ,the task of the therapist becomes more difficult but it also provides him with information about the client, and this can help to minimize resistance, the task of the therapist here , is to help the patients to dig into their own mind and confront them with their painful buried memories in order to extract them from the unconscious (Caruth, 1996).

Working through on the other hand, means that the victim is overcoming the traumatic aftereffects of the accident so in this stage, the traumatized person is ready to accept his trauma as a part of his life and because he recognizes this trauma as his own, he can finally start to mourn and learn to live with it (Verbestel, 2010). Additionally to working through the trauma, the victim is also able to distinguish between past and present and to recall in memory that something happened to one back then while realizing that one is living here and now with openings to the future (LaCapra, 2001). In short, the victim remembers the past and the trauma and can sometimes be obsessed by it to some extent, but he or she has not lost touch with the present. The victim knows that it is the present that is important and the past differs from the present in that it is just a healthy part of his or her memory(Verbestel, 2010).

2 .3 Resilience

2 .3 .1 Introduction

In our personal lives things are changing so rapidly everyone must learn how to be change proficient, cope with unexpected setbacks, and overcome unwanted adversities, highly resilient people know how to bounce back and find a way to have things turn out well, they thrive in constant change because they are flexible, agile, and creative, adapt quickly, synergistic, and learn from experience, they handle major difficulties better than most people because they know how to gain strength from adversity, when hit by major setbacks they don't complain about life being unfair, like cats, they manage to land on their feet and often end up stronger and better than before and everyone is born with the potential to develop these abilities (Al Siebert, 2005).

2.3.2 Definition of resilience

To undertake such an analysis requires definitional clarity on the meaning of resilience. Understanding the nature of resilience requires conceptual and definitional clarity, what is resilience and what constitutes resilient behavior? this seemingly simple question turns out to be very complex as a psychological and behavioral process ,there are at least four distinct ways to define human resilience.

First , what constitutes resilience as a psychological phenomenon in its purest form? In terms of basic processes of perception, cognition, affect regulation, and information processing, what characterizes resilience? second, what defines resilient behavior under adverse environmental conditions- like in poverty, in malfunctional families, or in conditions of cultural deprivation-? third, the question of psychological trauma and resilience is a variation on conceptualizations of effective coping and adaptation under adverse environmental circumstances. fourth, the issue of PTSD and resilience raises questions regarding the dimensions of effective coping, what factors are protective against the onset or later development of PTSD? And what factors (e.g., personal, social, support resources, etc.) are associated with resilient recovery from PTSD versus chronic forms of the disorder? (Agaibi and Wilson 2005).

The linguistic use of the term resilience refers to a property, an ability of an object to restore its original structural form, despite being temporarily altered by external forces that would bend or compress its shape, the property of resilience then would apply to behavioral phenomena in engineering, physiology, the natural environment, and human behavior in a variety of environmental contexts. Moreover, resilience is generally viewed as a quality of character, personality, and coping ability, resiliency connotes strength, flexibility, a capacity for mastery, and resumption of normal functioning after excessive stress that challenges individual coping skills (Richardson, 2002).

Resilience is considered a multidimensional, dynamic construct made up of a variety of personal qualities (i.e., spirituality, personal competence, social competence, family cohesion, social resources, and personal structure), so individuals who possess these personal qualities are more likely to positively adapt when exposed to a traumatic event (Connor & Davidson, 2003; Luthar, et al., 2000; Newman, 2005). However, specific operational definitions for resilience vary widely in the literature, as do the factors that define the construct. For example, Connor and Davidson (2003) identified resilience as personal qualities that enable individuals to flourish in the face of adversity. Newman (2005) defined resilience as positive adaptation in the face of a traumatic event. Richardson (2002) described resilience as an internal motivational force that drives each individual to seek wisdom, self-actualization, altruism, and inner spiritual peace. Because the literature presents some variation in an operational definition, it is no surprise that there are differences in the identification of key factors that construct resilience e.g., spirituality, family cohesion, control (Luthar, et al., 2000).

2 .3.3 Levels of resilience

Resilience is essential in today's world, if we talk about today's workplace everyone feels pressured to get more work done, of higher quality, with fewer people, in less time, with less budget, there are five levels of resiliency 1. Maintaining your emotional stability, health, and well-being, 2. Focus outward: good problem solving skills, 3. Focus inward: strong inner self, 4. Well-developed resiliency skills, 5. The talent for serendipity, the first level is essential to sustaining your health and your energy, the second level focuses outward on the challenges that must be handled, it is based on research findings that problem-focused coping leads to resiliency better than emotion-focused- coping, the third

level focuses inward on the roots of resiliency strong self-esteem, self-confidence, and a positive self-concept, the fourth level covers the attributes and skills found in highly resilient people, the fifth level describes what is possible at the highest level of resiliency, it is the talent for serendipity the ability to convert misfortune into good fortune (Al Siebert, 2005).

2 .3.4 Characteristics of resilience

Despite the fact that there is not a single, universal definition of resilience, there are similarities among the qualities believed to characterize resilience, and these include. (a) Psychological and dispositional attributes, (b) Family support and cohesion, and(c) External support systems (Connor & Davidson, 2003; Friborg, et al., 2003).

First, psychological and dispositional attributes includes the factors of (a) personal competence, it can be defined as an individual's belief in ability, accomplishments, determination, and realistic perspective. (b) social competence, it is an individual's belief in his or her ability in social situations and consists of extraversion, social/ communication skills, ability to initiate conversations, and social adaptability. (c) personal structure refers to an individual's ability to plan and organize daily activities (e.g., develop and maintain a personal schedule for activities of daily living). Second, family support and cohesion examines how families resolve conflict, cooperate to achieve goals, and maintain stability (e.g., family takes turns driving an individual to therapy). Third, external support systems refer to an individual's ability to give and receive support from family and friends and develop intimacy with those close to him or her (Friborg, et al., 2003).

2.3.5 History of research on resilience

In a metatheory of resilience, Richardson (2002) proposed that the history of research on resilience can be classified in three ways: (a) Identifying the unique characteristics of persons who cope well in the face of adversity, (b) Identifying the processes by which resiliency is attained through developmental and life experiences, (c) Identifying the cognitive mechanisms that govern resilient adaptations.

2.3.6 Factors associated with resilience

What are the characteristics of resilient persons that distinguish them from less resilient persons? what constitutes resilient behavior in different types of traumatic situations with varying degrees of stress demands, adversity, or the complexity of problems to be solved? previous research on the phenomena of resilience has examined factors thought to be associated with resilience and they was include genetics, neurobiological factors, childhood development, type of trauma or stressful life event, personality characteristics, cognitive style, prior history of exposure to stressful events, gender, age, capacity for affect regulation, social support, and ego defenses (Fredrickson, 2002; Wilson, 1995). Hendin and Haas (1984) found that Vietnam combat veterans with high resilience were characterized by six factors: (a) calmness under pressure, (b) acceptance of fear in self and others, (c) low levels of excessive violence in the war zone, (d) the importance of understanding and good judgment, (e) absence of guilt, and (f) humor.

Wilson (1995) identified seven factors associated with resilience in relation to war trauma, natural and technological disasters and torture, he found that there were several predictors of current wellbeing, positive mental health, and manifestations of resilience in these survivor populations that included: (a) Locus of control (i.e., a sense of efficacy and determination, (b) Self-disclosure of the trauma experience to significant others, (c) A sense of group identity and sense of self as a positive survivor, (d) The perception of personal and social resources to aid in coping in the post-trauma recovery environment, (e) Altruistic or pro-social behaviors, (f) The capacity to find meaning in the traumatic experience and life afterward, and (g) Connection, bonding, and social interaction within a significant community of friends and fellow survivors.

Viewed from the perspective of resilience, these seven factors appear to be identifying important classes of variables that interact together in generating resilience and These include: factors within the person (i.e., locus of control, cognitive attributions of being a strong survivor, a firm sense of personal identity as a survivor) as well as specific forms of coping (i.e., perception of personal and social resources to aid coping, capacity to find meaning), and behavioral activities in the recovery environment (e.g., appropriate self-disclosure, altruism, pro-social behaviors, bonding and fellowship with other survivors) that promote resilient functioning, then persons who have an internal locus of control who can find meaning in their trauma experiences may be able to initiate a set of processes that

enables them to shape a personal sense of identity by being bonded and attached to fellow survivors who, in turn, are perceived as resources for coping with emotional, social, and economic needs (Zakin, et al., 2003).

2.3.7 Patterns of individual resilience

Resilience is primarily defined in terms of the presence of protective factors (personal, social, familial, and institutional safety nets) which enable individuals to resist life stress(Kaplan et al., 1996). An important component of resilience, however, is the hazardous, adverse and threatening life circumstances that result in individual vulnerability, and an individual's resilience at any moment is calculated by the ratio between the presence of protective factors and the presence of hazardous circumstances(VanBreda, 2001).

Polk (1997) has formulated four patterns of resilience from the individual resilience literature:

1. Dispositional pattern. The dispositional pattern relates to physical and ego-related psychosocial attributes that promote resilience, which promote a resilient disposition towards life stressors, and can include a sense of autonomy or self-reliance, a sense of basic self-worth, good physical health and good physical appearance.
2. Relational pattern. which concerns an individual's roles in society and his or her relationships with others. These roles and relationships can range from close and intimate relationships .
3. Situational pattern which addresses those aspects involving a linking between an individual and a stressful situation, this can include an individual's problem solving ability, the ability to evaluate situations and responses, and the capacity to take action in response to a situation.
4. Philosophical pattern which refers to an individual's worldview and this can include various beliefs that promote resilience, such as the belief that positive meaning can be found in all experiences, the belief that self-development is important, the belief that life is purposeful.

2.3.7.1 Individual's phenomena that correlate with resiliency

Barnard identified nine individual phenomena that the literature repeatedly has shown to correlate with resiliency and they are :

1. Being perceived as more cuddly and affectionate in infancy and beyond. 2. Having no sibling born within 20-24 months of one's own birth. 3. A higher level of intelligence. 4. Capacity and skills for developing intimate relationships. 5. Achievement orientation in and outside of school. 6. The capacity to construct productive meanings for events in their world that enhances their understanding of these events. 7. Being able to selectively disengage from the home and engage with those outside, and then to reengage. 8. Being internally oriented and having an internal locus of control. 9. The absence of serious illness during adolescence (Barnard, 1994).

2.3.7.2 Individual's adaptation to a traumatic event to ascertain level of resilience

An important aspect in determining an individual's adaptation to a traumatic event is to validate his or her level of resilience (Richardson, 2002). If an individual demonstrates skills associated with high resilience (e.g., strong perceived competence, spirituality), then he or she is more likely to exhibit positive adaptive behaviors to the traumatic event (e.g., setting goals, accepting support from others) and conversely, if an individual exhibits behaviors associated with low resilience (e.g., anger at others, isolation, substance abuse), then there is an increased likelihood that the individual will continue to function in a state of disruption, as they failed to demonstrate qualities associated with resilience so, it is critical that specialists develop resilience as early as possible in the rehabilitation process because there is a greater chance of increasing resilience and rehabilitation outcomes (Luthar & Cicchetti, 2000).

2.3.8 Hardiness

2.3.8.1 Hardy personality

Kobasa's construct of hardiness is posited as mediating stress and illness, potentially reducing the negative effects of stress. Hardiness itself contains three subconstructs, commitment, control and challenge:

1. Commitment as opposed to alienation (Kobasa, et al., 1981). Whereas persons under stress, or those who feel committed to the various areas of their lives will remain healthier than those who are alienated (Kobasa, 1979). Commitment is firstly the valuing of one's life, one's self, one's relationships, and secondly the investment of oneself in these valued dimensions of life (Kobasa, 1982).
2. Control as opposed to powerlessness (Kobasa, et al., 1981). Whereas persons under stress, those who have a greater sense of control over what occurs in their lives will remain healthier than those who feel powerless in the face of external forces (Kobasa, 1979). Control involves acting as if one has control over what is happening around him, people with control can interpret and incorporate various kinds of events into an ongoing life plan and transform these events into something consistent to the organism (Kobasa, 1982).
3. Challenge as opposed to threat (Kobasa, et al., 1981). Whereas persons under stress, those who view change as a challenge will remain healthier than those who view it as a threat (Kobasa, 1979). Challenge is based on the belief that change, rather than stability, is the normative mode of life (Kobasa, 1982). With this outlook on life, stressful life events are viewed neither with surprise -since they are anticipated- nor with horror -since they are seen as exciting opportunities for growth and development- (VanBreda, 2001).

Hardy persons have considerable curiosity and tend to find their experiences interesting and meaningful, they believe they can be influential through what they imagine, say, and do, at the same time, they expect change to be the normal , and regard it as an important stimulus to development. since these various beliefs and tendencies are very useful in coping with stressful events, hardy persons transform stressful events into less stressful forms (Kobasa, et al., 1981). In contrast persons low in hardiness tend to find themselves and the environment boring, meaningless, and threatening, they feel powerless in the face of overwhelming forces, believing that life is best when it involves no changes, and because their personalities provide little or no buffer, the stressful events are allowed to have a debilitating effect on health (Kobasa, et al., 1981).

2 .4 Self-esteem

2.4.1 Introduction

Self-esteem, generally conceptualized as a part of the self-concept, has been the most commonly researched concept in social psychology (Baumeister, 1993). A study in the self cannot be directly observed, and so measurement of self-esteem is difficult, the concept and term self-esteem is used by professional and ordinary people alike, many seem to know what self-esteem is, but few can define it precisely, the diversity of definitions tends to be impressive, often, it is as though there are as many ways to define self-esteem as there are people trying to do so (Mruk, 1999).

2.4.2 Definitions of self-esteem

Self-esteem as a concept is widely used today, both in ordinary language and academic psychology , the Dictionary of Psychology defines self-esteem as the degree to which one values oneself (Hartgill, 2003). De Reuck (2002) purports that self-esteem levels represent people's general or typical feelings of global self-worth and liking, and the self-concept is the sum of an individual's mental and physical characteristics and his evaluation of them; what the self is like as an experiencing and functioning individual; self-concept develops in three areas: self-image (what the person is), ideal self (what the person would like to be) and self-esteem (how the person feels about the discrepancy between the two) (Baumeister, 1999). The self is a social product that develops through the experience of interpersonal relation and is largely dependent on regard from others (Krasner, 2002). Self-esteem is an indicator of the quality of one's social relationships i.e. the degree to which the individual is being included versus excluded by others (Baumeister, 1999). Hoyle, et al. (1999) sees low self-esteemed individuals as cautious and uncertain rather than highly maladjusted. Compartmentalisation of the self into several selves that may disapprove of one another engenders a negative self- evaluation (Bedner & Peterson, 1995).

Guindon (2002) has formulated a definition of self-esteem as follows:

1. Self-esteem the attitudinal, evaluative component of the self; the affective judgments placed on the self-concept consisting of feelings of worth and acceptance, which are developed and maintained as a consequence of awareness of competence, sense of

achievement, and feedback from the external world. 2. Global self-esteem: an overall estimate of general self-worth; a level of self-acceptance or respect for ones-self. 3. Selective self-esteem: An evaluation of specific and constituent traits or qualities, or both, within the self.

Regardless of the exact definition or label one chooses, self-esteem is generally thought to be the evaluative component of a broad representation of the self, the self-concept being the most inclusive construct (Robinson, et al., 1991). Self-esteem is an enduring notion of how one values oneself which remains constant at least for a period of years (Jacoby, 1994). There are lapses in continuity when serious life events, such as a loss of a loved one, will temporarily alter an individual's self-appraisal (Baumeister, 1993).

2.4.3 Development of self-esteem

The literature is contradictory with regards to the primary agents responsible for the formation of the evaluative component of self; psychoanalytic, object relations and ego psychology all agree that differentiation of the self is one of the earliest tasks of the infant; development and growth allow the infant an increasing ability to conceptualise that part of the self, available for conscious attention; a good fit between caretaker and infant is vital as it lays the foundation for a healthy feeling of self-worth (Jacoby, 1994). Self-esteem emerges at two years of age in relation to the mother; an internal need to act out independence and autonomy as well as increasing competence with language facilities results in an increase in self-esteem (Hornbrook, 1988). Children as young as eight years old make judgments of global self-esteem that are distinguished from evaluation of specific characteristics; during this period practical methods for the preservation of self-esteem are evolved (Hornibrook, 1988). A child's self-esteem develops in response to the rejection or acceptance they receive from significant others- individuals value themselves, as they are valued from others (Coopersmith, 1981). Self-esteem develops and progresses through stages of increasing complexity; early stages of self-esteem develop from the reactions of others towards the child; this first impression will form the seed of the child's feelings of self-worth (Clemes, et al., 1990). The decline in self-esteem found in preadolescence may be attributed to the transition from primary school to high school (Prester, 2003). During adolescence the need for social acceptance is essential for self-esteem development to occur; the school child is not self- determined and is likely to

be accepting of the ideal images provided by significant people around him (Hornibrook, 1988). In the past one's own worth was linked to social standing, however with the coming of the enlightenment and moral idealism, the notion of individual self-worth has been transformed (Jacoby, 1994). Although both are clearly influential: internal evaluations play a more important role in the development of self-esteem than do external , so how one perceives one self will always be more influential than how one is perceived by others (Bednar & Peterson, 1995).

2.4.4 Major theoretical approaches

Two well-known historical scholars of the self are William James and Thomas Cooley; James focused for providing much of the groundwork for theory and research in the area of self-esteem; he explained that it was the individual's cognitive evaluation of one's that resulted in a global concept of self; Cooley on the other hand believed that the origins of self were social in nature and that there was a pertinent link between one's perception of the approval given by others and self-esteem; James and Cooley's formulations together provide a powerful explanation for self-esteem displayed in older children and adolescents (Baumeister, 1993).

2.4.4.1 Jamesian approach: The evolution of the self-esteem construct is of interest and started in 1890 with William James; James the so-called father of self-esteem believed that the self consists of three parts, namely the material, social and spiritual includes psychological (Hansen & Maynard, 1973). Self-esteem is a complex and dynamic construct based on competence behavioral dimension (Mruk, 2006a). Global self-esteem is dependent upon an individual's personal investments or contingencies of importance in certain domains of the self, and subsequent successes and failures in these contingent domains ,self- esteem is ultimately equal to the ratio of our actual (or real performance) and ideal (desired performance) selves (Mruk, 2006a). Self- esteem can undergo daily fluctuations but is backed by a stable core (Andrews, 1998).

2.4.4.2 Social learning, symbolic interactionist or socio-cultural approaches: Many self-esteem theorists are represented in this broad category where, to varying degrees, the social is a key factor. Cooley and his looking glass self concept highlighted the

importance of others in determining self-concept and self-esteem or a person's judgments of his or her worth (Burns, 1982). Coopersmith (1967) also conceptualised self-esteem primarily in terms of worthiness (affective and attitude dimensions) and the salience of the self and others in this process; he proposed four key dimensions of self-esteem namely, significance which mean am important to someone; competence which mean I am able to solve problems; power which mean I am in charge of my life and virtue which mean I am considerate to others. Rosenberg (1979) focusing on self-esteem as self-worth (affective and attitude dimensions) linked self-esteem to values and socialisation. From a socio-cultural perspective, self-esteem is considered a dependent variable resulting from a person's gender, social, ethnic or cultural affiliations (Kitano, 1989) .

2.4.4.3 Humanistic or phenomenological approaches: A number of self-esteem theorists are represented in this category where the conscious subjective meaning-making process is championed; Maslow's self-actualization and Roger's self-concept theories viewed self- esteem as a basic need and key to normal development (Moore, 1997). It emerges naturally via dynamic subjective conscious processes such as acceptance and congruence (Mruk, 2006a). Its authenticity is derived from this primarily subjective or personal evaluation against internal standards (Leary, 2006). Branden (2006a) similarly viewed self-esteem as a basic need and part of healthy development; It is a meaning-making process consisting of the experience of self-efficacy (behavioural dimension) and self-respect (affective dimension), and has six pillars namely, living consciously, self-acceptance, self responsibility, self assertiveness, living purposefully and personal integrity. Mruk (1999; 2006a) similarly argues for self-esteem as a dual informed construct based on worthiness (affective dimension) and competence (behavioural dimension) and the interaction thereof in a meaning-making process.

2.4.4.4 Psychoanalytic approaches: Psychoanalytic authors accentuate childhood experiences and incorporate the unconscious into their understanding; healthy self-esteem derives from the satisfying and/or maturation of one of the self's three selfobject, relationships or constituents (Kahn, 1985). The constituent embodies the self's grandiose and exhibitionist needs which are satisfied via mirroring from an empathic self object (Kahn, 1985). A healthy self-esteem assists to develop a connect self and is a protection against narcissism and its destructive self manifestations (Banai, et al., 2005). Self-esteem in terms of a need or competence motivation (striving for mastery); a sense of

realistic competence translates into feelings of efficacy and self-respect (Mruk, 2006a).

2.4.4.5 Cognitive-experiential approaches: Such approaches focus on self-esteem primarily as an understanding (cognitive dimension) and/or experiential dimension (Mruk, 2006a). For example, Epstein's cognitive-experiential self-theory argues that there are two information processing systems, an automatic experiential and conscious rational each with independent rules and schemas or beliefs and self-esteem dimensions; the automatic experiential system's self-esteem is exhibited by a person's feelings and behavior, while the conscious rational system's self-esteem manifests in what a person believes; within each system there are two facets, namely self-esteem as a need or motive, and as a belief (Epstein, 2006). A self-esteem hierarchy from stable and influential basic self-esteem to less stable and influential self-esteem is also proposed (Mruk, 2006a). Self-esteem incorporates a basic sense of self-worth stemming from others' love and respect; furthermore, it is an experience of self-worth determined by self-theories or schemas, specifically incremental (changing) versus entity (fixed) ideas of ability, and linked to the ability of a person to maximise the employment of his or her resources to master challenges, to learn, and develop relationships with others (Dweck's, 2000).

2.4.4.6 Developmental approaches: These approaches attempt to integrate general development with self-esteem theory(Mruk, 2006a). Harter (1999) noted that there is almost a universal motivation to feel good; she developed a two-factor approach incorporating competence in various areas or domains of the self and worthiness, and linked it to cognitive development and abilities Piagetian and neo-Piagetian and socialization (Mruk, 2006a).

2.4.4.7 Terror management theory or existential approaches: Such approaches conceptualise self- esteem as based on the biological drives to live and succeed with the fear or terror of inevitable death (Moller, et al., 2006; Mruk, 2006a). Terror management theory focuses on self-esteem derived from interpersonal processes (Moller, et al., 2006). Self-esteem first develops via caregiver interactions and thereafter by adhering to cultural behavioral standards and hence the self and social negotiate value and meaning (Hart, et al., 2005). Developing a sense of personal value buffers anxiety and transcends the fear of death (Mruk, 2006a).

2.4.4.8 Evolutionary approaches or sociometer theory: These approaches argue that human beings have a fundamental need to belong, and self-esteem performs the evolutionary function of monitoring the well-being of interpersonal relationships and contingencies (Mruk , 2006a). Sociometer theory contrasts with self-determination theory with the latter highlighting the requirements of meeting all three of the theory's identified basic needs, namely autonomy, competence, and the interpersonal which results in true self-esteem (Moller, et al., 2006). Kirkpatrick & Ellis (2001) in an important conceptual elaboration, extend the sociometer theory by proposing that what is currently referred to as self- esteem is actually a collection of sociometers or self-esteems, each designed to monitor inclusion and motivate behavior in functionally distinct social domains such as mating, coalitional relationships, and prestige hierarchies (Kirkpatrick & Ellis, 2001).

2.4.4.9 Developmental-ecological approach: A developmental-ecological framework for early adolescence self-esteem; where self- esteem is a complex and multi-dimensional concept having various types of self-esteem domains and contexts; it results from an array of interdependent interactions between individuals from goals, values to physical and their various contexts, and is linked bi-directionally to adjustment outcomes and development (DuBois and Hirsch, 2000).

2.4.5 Types and statuses of self-esteem

Various different types and statuses of self-esteem have been proposed and are presented here; they include:

Basic self-esteem : it is a sense of boundless self-worth confidence to act.; the word - I can- is derived from being loved, feel good independent of achievements and others (Cigman, 2001). True self-esteem : it is a sense of self as worthy, not by virtue of external trappings or specific accomplishments, but because one experiences one's worth as inherent (Ryan & Brown, 2006). Reflective self-esteem : it has a goal mainly concerned with aptitudes and their achievements (Cigman, 2001). Contingent self-esteem : it is more superficial and is dependent on matching criteria such as performing up to an achievement standard, controlling one's emotions, amassing wealth, or becoming famous, depending on what criteria have been internalized and are thus salient to the person (Moller, et al., 2006). Earned self-esteem : it is based on success in meeting the tests of reality, measuring up to standards at home and in school (Shokraii, 1998).

Situated self-esteem : it developed via an acknowledgement of the realities of context and reason (Cigman, 2004). Trait self-esteem : it is equivalent to global self-esteem being relatively stable across time and space(Brown & Marshall, 2006). State self-esteem : it is feelings of self-worth fluctuating according to events (Brown & Marshall, 2006). Implicit self-esteem : it is unconscious or automatic self-evaluation(Jordan, et al., 2006). Explicit self-esteem : it is conscious or deliberative self-evaluation (Jordan, et al., 2006). Real self-esteem : it is actual self-esteem(Beane, 1991).. Expressed self-esteem : it is self-esteem that exhibited to others (Beane, 1991). Different authors prefer different terms such as high, positive or healthy and low/ negative/unhealthy; for example, possible indicators of low self-esteem and/or self-concept are like these terms loneliness, pessimism, worry, indecision, moodiness, fear rejection, highly sensitive, prone to depression and so forth (Humphreys, 1996).While possible indicators of high self-esteem and/or self-concept are like these terms independent, optimistic, motivated, confident, problem solver, emotionally mature, open, spontaneous, flexible and so forth (Humphreys, 1996). Authentic self-esteem : it is high worthiness and high competence; defensive/narcissistic self-esteem : it is high worthiness and low competence; medium self-esteem : it is some competence and solid worthiness; and defensive / anti-social self-esteem : it is high competence and low worthiness (Mruk, 2006a). Secure high self-esteem : it is positive self-worth that is stable, true, congruent and genuine(Goldman, 2006).; fragile high self-esteem : it is positive self-worth that is unstable, contingent, incongruent and defensive (Goldman, 2006). Dangerous high self-esteem : it derived from negative unhealthy sources which can be characterised by narcissistic and/or anti-social tendencies (Baumeister , et al.,1996). Optimal self-esteem : it reflects the sum total of all the secure components of self-esteem i.e. stable, true, congruent, and genuine (Goldman, 2006).

2.4.6 Six psychological components of self-esteem

Throughout human evolutionary history, individuals have competed against one another for access to resources that others were simultaneously seeking to acquire; choosing the range of behaviors that will lead to an adaptive problem's successful solution has depended simultaneously on the predicted abilities of oneself and the anticipated behaviors of relevant others; striving for a particular socially-mediated outcome without measurement

both one's own abilities and the comparative abilities of relevant competitors could lead to useless attempts, wasted effort, banishment, or death; the problem of keeping road of one's own abilities has thus been an important selection pressure that has shaped human psychology.(Hill & Buss, 2006). There are Six psychological components of self-esteem and they are as follow:

First is the ability to maintain a cognitive map of one's traits and abilities to solve specific adaptive problems (Hill & Buss, 2006). Second mechanisms designed to monitor one's performance, and especially one's standing with respect to relevant others are also components of self-esteem; the ability to receive input from the environment about how one's own performance in a specific adaptive domain compares to one's peers provides a means by which to become informed of changes in the self or changes in one's relevant competition.(Hill & Buss, 2006). Third like one's abilities to solve specific adaptive problems can change dramatically from year to year, month to month, day to day, or even moment to moment; the abilities of an individual may change due to success or failure in a hunt, the birth of death of a child, an increase in age, acquisition of experience, health, sickness, alliance formation, coalitional weakening, kinship ascension, and other factors; the problem of incorporating this important contextual information into the self-concept to influence behavioral decisions has thus been an important selection pressure that has shaped human psychology; humans are proposed to have evolved psychological mechanisms designed to update the self-concept, based on new information about the self; these updating mechanisms, of course, rely on information provided by the monitoring mechanisms; but they are distinct, in that informational output from the monitoring can result in: (a) no change in internal representations, (b) an increase in perception of one's abilities or attributes relative to others, or (c) a decrease in perception of one's abilities or attributes, thus, the output of monitoring mechanisms provides input into updating mechanisms, which in turn result in changes in internal representations (Hill & Buss, 2006). Fourth component of self-esteem is composed of cognitive adaptations designed to evaluate the internal representations, when this affective evaluation is applied to stable internal representations, it called trait self-esteem, but when it is applied to the updates or changes in internal representations, it called state self-esteem (Hill & Buss, 2006). Fifth component of this system must serve a motivational function; the affective component of self-esteem has been designed to motivate individuals to choose behavioral options that are most appropriate given the newly updated state of their internal representation (Hill & Buss, 2006). Sixth is the specific behavioral output, since the self-esteem sends a signal to

the self that there has been a change in one's ability to solve a specific adaptive problem, the best behavioral solution to that adaptive problem is expected to change, just as a professional athlete changes his game in the face of an injury, individuals suffering a loss of self-esteem are similarly expected to adjust their behaviors to make the most of the situation they are in and prevent their competition from exploiting their weakness (Hill & Buss, 2006).

2.4.7 Nature of self-esteem

There is general acceptance that many of the capacities persons experience as part of a unified self are features that distinguish them from even their closest evolutionary cousins (Suddendorf & Corballis, 1997). There appears to be more agreement to the psychological processes of the self than the exact nature of the self ; psychological theorists agree that the self is involved in at least three main processes: reflexive capacity (the ability to describe oneself in relation with one's environment), representational capacity (the ability to mentally represent personal attributes), and executive function (the ability to exert control over one's thoughts, feelings, and behaviors) (Leary & Tangney, 2003).

Mischel and Morf (2003) account for the multiple aspects of the self by defining the self as a cognitive-affective-action system in combination with an interpersonal self-construction system. It is problematic for considering the uniquely human self, given that a wide range of species could be argued to have cognitions, emotions, and behaviors (Panksepp, 2005). Leary and Tangney (2003) define the self more narrowly, as the apparatus that allows organisms to think consciously about themselves. Corballis (2002) says that what differentiate humans from other animals is the ability to use recursive information processing rules that result in generative cognitive abilities, recursive information processing rules allow humans to combine cognitive representations to create an unbounded set of novel ideas. Chomsky (1966) demonstrated how this process underlies language ability, with grammar providing the combinatorial rules for linguistic generativity; as person learn language he learn combinatorial rules, phonemes are combined into words, words into phrases, and phrases into sentences., these combinations allow for emergent properties to arise from combinations of old ideas that result in new ideas, for example, the words green and house, when combined into the

word greenhouse, represent a concept not represented by the individual words. The potential for such combinations at the sentence level is infinite; like that, recursive rules allow the 10 commonly used numeric symbols to be combined to represent an infinite number of values (Chomsky, 1988). Further, simple tools e.g., the wheel are combined with themselves and others to create highly complex machines e.g., the automobile (Corballis, 2002).

Chomsky (1966) referred to this capacity to combine cognitive representations as generativity, although it might also be useful to consider it as a story-telling or meaning-making ability. Humans are able to combine mental representations that would remain isolated for other animals to construct a meaningful, integrative narrative, such recursive information processing can be used to explain the three self-processes reflexive capacity , representational capacity , and executive function , described earlier. First, recursive information processing provides for self-awareness by feeding the output of awareness back as input to awareness; second, recursive rules permit a meta- representation of the awareness of self (Suddendorf & Corballis, 1997), because human beings are able to represent the representation of self as a representation; we understand that thoughts about the self are symbols that can be manipulated; third, this meta-representation of self can then be combined with other cognitive representations, resulting in cognitive constructions that allow us to imagine ourselves in different states than our current state, these constructions based on meta- representation allow us to imagine previous and possible selves (Suddendorf & Corballis, 1997) .

Corballis (2002) suggests that recursive processing is associated with larger human frontal lobes relative to nonhuman primates, rather than some change in midbrain structures that are more closely associated with base motivational drives. As Leary and Tangney (2003) note it may be not completely right to conclude that emotional and motivational systems are intimately linked to the self but are not an inherent part of it. In this sense, the self is a cognitive-affective-action system only in so far as it moderates drives shared with nonhuman animals through its capacity for reflection and construction, aspects of self-regulation such as personal standards should be seen as cognitive constructions that ultimately serve to satisfy these base motivations; this point is particularly important in understanding the nature of self-esteem (Mischel & Morf, 2003).

2.4.8 High and low self-esteem

The media, printed journals, textbooks, and videos have advanced the widespread belief that raising an individual's self-esteem would be beneficial for the individual and society as a whole (Janice, 2002).

According to Gegas (1982) much of behavior is determined by how one assesses one's own sense of worth. Kaplan (1975) believe that a positive sense of self stimulates dissonance-reducing actions. Freedom of choice is supported in the society and it is reported that actions taken may depend on the specific level of self-esteem (Bednar & Peterson, 1995). Additionally, self-esteem is said to be significantly related to quality of life and physical and mental well being (Witmer & Sweeney, 1992). According to Hoyle, et al (1999) individuals with high self-esteem engage in self- promoting activities, view themselves as both worthwhile and valuable favour a coping style over avoidance and are comfortable with their weaknesses. The American Psychiatric Association (DSM-IV, 1994) includes self-esteem among the diagnostic criteria for some mental disorder categories, and considers it to be related to depression and dysthymia (Janice, 2002).

Until recently, low self-esteem was seen to be associated with maladaptive cognitive, emotional and behavioural patterns (Hoyle, et al., 1999). The dark side of self-esteem research predicts a negative result in low self-esteem with an increased risk of depression, drug use, and some forms of delinquency (Myers, 2002). Equally dark are the results from studies that reflect the fact that when a person's favorable self-esteem is threatened, they often react by putting others down, sometimes violently (Heatherton & Vohs, 2000).

2.5 Literature review

2.5.1 Studies concern with trauma

The life-time occurrence of traumatic events varies from place to place and the results from different countries can provide a framework about frequency and kinds of traumatic events. According to the study of Perkonigg, et al (2000) which conducted in a sample between 14-24 ages in Munich/Germany, 21.4 % of the respondents out of 3021 people reported that they experienced a traumatic event and 17 % of them reported that the event caused horror and anxiety, and the most frequent events were physical attack, serious accident, witnessing traumatic events of others. In a adult representative sample from four cities in Mexico, the lifetime prevalence of a traumatic event was found to be 76%, and 24% of the respondents reported two traumatic events, 19 % of the respondents reported three and 27% of the respondents reported four traumatic events, and the most frequent events were bereavement, witnessing someone injured or killed, life threatening accident and physical assault (Norris, et al., 2003). In Sweden, among 1824 people which represents general population, 80.8 % of the participants experienced at least one traumatic event, and the most frequent events were traffic road accidents, robbery, physical assault (Frans, et al., 2005). Another study conducted in Los Angeles with 2364 respondents, the traumatic events in life time were revealed as 16 %, and the most frequent events were seeing persons hurt or killed, sexual assault, natural disasters (Ullman & Siegel, 1994). For university student sample, the reported rates also varied. In the study of Amir and Sol (1999) out of 983 Israeli undergraduates, 67 % of them reported one event while 37 % of them reported more than one trauma, and the most frequent events were all military operations, motor accidents, sudden death of other. In a similar sample size of US undergraduate students, the reported rate of traumatic events was 67 %, and the most frequent events were Natural disaster, serious accident, witnessing serious injury or death (Bernat, et al., 1998). Another study conducted in Japan with 7. 883 College students, the traumatic events in life time were revealed as 80 %, and the most frequent events were natural disaster (Mizuta, et al., 2005). In a study of Nexhmedin, M., Gernot C. (2006) 214 civilian war survivors in Kosovo fulfill the questionnaires; the results show a high prevalence of traumatic experiences (83%) with high psychological distress, the severity of traumatic stress was accompanied by negative affectivity and was inversely related to self-

esteem, the other self-related constructs neither had an impact nor were found to be diminished by the amount of traumatic stress experienced.

People exposed to war related trauma and repeated political violence often experience a continued threat to life and their sense of safety, as well as a disruption of daily functioning. To establish the relationship between ongoing war traumatic experiences, PTSD and anxiety symptoms in children, accounting for their parents' equivalent mental health responses , a study was conducted in the Gaza Strip, in areas under ongoing shelling and other acts of military violence. The sample included 100 families, with 200 parents and 197 children aged 9–18 years. Parents and children completed measures of experience of traumatic events (Gaza traumatic checklist), PTSD (children's revised impact of events scale, PTSD checklist for parents), and anxiety (revised children's manifest anxiety scale, and Taylor manifest anxiety scale for parents). Both children and parents reported a high number of experienced traumatic events, and high rates of PTSD and anxiety scores above previously established cut-offs. Among children, trauma exposure was significantly associated with total and subscales PTSD scores, and with anxiety scores. In contrast, trauma exposure was significantly associated with PTSD intrusion symptoms in parents. Both war trauma and parents' emotional responses were significantly associated with children's PTSD and anxiety symptoms (Thabet, et al., 2008). Another study conducted in Gaza Strip to explore the long-term effects of war and occupation on the Palestinian children with 1,137 children aged between 10 and 18 years were randomly selected from all parts of the Gaza Strip to participate in the study. The participants completed a checklist of traumatic experiences, a symptom of post traumatic stress disorder scale and personality assessment questionnaire. The study found that every child in Palestine had been exposed to at least three traumatic events. The most prevalent types of trauma exposure for Palestinian children were as follows: 99% of children had suffered humiliation (either to themselves or a family member); 97% had been exposed to the sound of explosions/bombs; 85% had witnessed a martyr's funeral and 84% had witnessed shelling by tanks, artillery, or military planes. The study also found that 41% of children suffered from post traumatic stress disorders (PTSD). Children who belonged to families with low incomes suffered more than others (Altawil, et al., 2008). Comparing traumatized versus controlled, Abu Laila, et al. (2009) conducted the study in Gaza strip to examine the effect of trauma on mental health of Palestinian ambulance drivers exposed to traumatic events during Al-Aqsa intifada , a sample of 227 subjects were selected, 115 were ambulance

drivers, and 112 were from pediatric, psychiatric, and ophthalmic hospitals in Gaza city as a control group. Both groups were assessed by traumatic events checklist, Davidson trauma scale, John Hopkins symptoms checklist, and Beck depression inventory. The results revealed that ambulance drivers experienced a wide range of traumatic events (Mean = 16.2) more than the control group (Mean = 10.5). Ambulance drivers reported less PTSD symptoms (mean =15.3) than the control group (Mean =17.5). Also, according to Hopkins 25 depression subscale, ambulance drivers were less depressed (Mean = 7.99) than the control group (Mean =11.4); they were less anxious (Mean = 4) than control group (Mean = 6.7). According to Beck depression I-II ambulance drivers were less depressed (Mean =13.73) than the control group (M=19.7). It is well known that war has negative effects on the mental health of civilian populations. However, different perceptions and reactions to trauma have different impacts on the psychological well-being of affected populations .To investigate war-trauma , Abu-Saba, M., B. (1999) conduct a study utilized an initial pool of 1,268 undergraduates at the American University of Beirut. Based on the number of war events the students had experienced, 400 students were invited to return for further questioning about their present stress characteristics. Inventories measuring anxiety, depression, and PTSD were administered to 273 students responding to the request. Those who experienced many war events scored significantly higher on all three stress scales. Women scored higher than men on anxiety regardless of war exposure category, but there was no difference between women and men on PTSD or depression in regard to the war events. From other side another study conducted in university students of traumatized (n = 26) versus non-traumatized (n = 30) college students. Study participants completed a variety of personality measures as well as a 28-day experience sampling study assessing daily activities, emotions, and physical health. Although not differing on general demographics, traumatized individuals reported more trait anxiety and lower self-esteem than non-traumatized individuals. They scored higher on neuroticism, were more introverted, and were less emotionally stable than non-traumatized participants. Traumatized individuals also reported more cognitive disturbances, emotional blunting, and interpersonal withdrawal. They did not report being more depressed, but did endorse cognitive styles associated with heightened risk for depression. Earlier age of trauma was associated with more pathological outcomes, lower self-esteem and psychological well-being, more anxiety, more pessimism, and emotional constriction of positive mood (Bunce, et al., 1995).

To asses other areas of the world which face traumatic events and the differences among gender .A study conducted to examine the prevalence of and risk for trauma and PTSD in a large sample of college students. Matriculating students (N = 3,014; 1,763 female, 1,251 male) at two U.S. universities completed online and paper assessments. 66% reported exposure to a criterion A trauma. 9% met criteria for PTSD. Female gender was a risk factor for trauma exposure. Gender and socioeconomic status (SES) were associated with trauma severity. Although in bivariate models, gender and SES were associated with PTSD, multivariate analyses suggested this risk was a function of trauma severity (Jennifer, P., etal., 2011). In a New Zealand another study conducted To assess the prevalence and psychological impact of specific traumatic events, the prevalence and psychological impact of 12 traumatic events was examined in a community sample of 1,500 New Zealand adults using a three-stage cluster sampling method. Traumatic events, psychological distress, psychological well-being, and post-traumatic stress disorder symptoms were assessed using modified versions of the Traumatic Stress Schedule, Mental Health Inventory, and Civilian Mississippi Scale. The study revealed that 61% of the sample experienced trauma events in their lifetime, with 9% experiencing events in the past year. Accident-related events were most common in the sample. Violent crime produced the greatest impact. Tests of interactions involving age, gender, and ethnicity were not significant. That mean New Zealand community-residing individuals experience post-traumatic stress symptoms, reduced psychological well-being, and increased psychological distress following the experience of violent crime and accidents specifically (Nikolaos Kazantzis, et al., 2010). The prevalence of exposure and the psychological impact of traumatic events were studied in 983 Israeli university students. The psychological effects of exposure to single versus multiple traumatic events, and the effects of trauma-related physical injury were also examined. It was found that 67% of the respondents reported having been exposed to at least one traumatic event. Of those exposed, 6% were diagnosed as having posttraumatic stress disorder (PTSD). Men were more at risk for exposure, but women were more at risk for PTSD. Women and the physically injured showed more psychological distress following exposure. Being exposed to one type of traumatic event was associated with increased psychological distress, but being exposed to multiple types of traumatic events was associated with lowering of distress (Amir, M., & Sol, O. 1999).

2.5.2 Studies concern with resilience

Resilience is regarded the human capacity to face, overcome, and even be strengthened by experiences of adversity. It is developed from and nurtured by external supports and resources, inner personal strengths and, interpersonal social skills. The results from different studies can provide a framework about frequency and prevalence of resilience. According to the study of Thabet, A., et al. (2009a) which conducted in Gaza strip .They applied person- and variable-related approaches to analyse the prevalence and function of resilience among Palestinian children. First, the resilience was defined as presence of severe military trauma and absence of PTSD, and they analysed its prevalence according to demographic factors. Second, they analysed the role of resilience characteristics of commitment, control and challenge in protecting children's mental health from negative impacts of trauma. The participants were 386 Palestinian children and adolescents from Gaza (52.07% boys and 47.93% girls). The results revealed a 25% prevalence of resilient children, and resilience was more common in well educated families and children from geographical areas exposed to heavily Israeli shelling and destruction. As hypothesized, resilience characteristics protected children's mental health from trauma, e.g., military trauma was less associated with PTSD and anxiety among children showing high commitment. In another study which conducted to investigate the relationship between psychological resiliency and trauma, conduct disorder, PTSD, and neurosis. As well as knowing the level of resiliency among the high school students and to explore the effect of socioeconomic and demographic variables, the type of study, and the religiousness on the level of resiliency. The researcher used analytical descriptive study for 500 children at six different schools in Gaza city and north of Gaza strip. He used five questionnaires to investigate the relation between resiliency and other factors like trauma, PTSD, conduct disorder and neurosis. The results showed that there was a relation between resiliency and conduct disorder, and no relation between resiliency and PTSD, trauma and neurosis. The rate of psychological resiliency was 64.5% which can be considered satisfactory. The results showed also that there was relation between gender and resiliency in favor of females, and between resiliency and place of residence in favor of the citizens of camps. There was also relation between resiliency and the income rate of the high school students where as the resiliency was in favor of the students whose families' income more than 2000

NIS. In the contrast there was no relationship between resiliency and the religiousness and the type of the study (Nouraldeen Salah, 2008).

To assess resilience in relationship to other variables, the results from different countries can provide a framework about this topic. A study conducted to explore the ways in which resilience is associated with anxiety and depression within a homogenous sample, which consist of 401 Australian university students , 208 male and 193 female undergraduate(age range = 17-54 years, M = 23.6, SD=7.24). They completed the Connor-Davidson Resilience Scale and the Zung Selfrating Anxiety and Depression Scales. Factor scores from the resilience scale were regressed against total anxiety and depression scores, combined anxiety-depression scores and the underlying factors of the combined anxiety-depression construct .The results revealed that self-confidence and optimism were most strongly negatively associated with anxiety and depression, followed by being decisive and solution-focused and seeking challenges, having a strong purpose and being persistent, although different combinations of factors predicted anxiety than did depression. Spiritual beliefs did not appear to buffer against anxiety or depression in this sample (Vicki Bitsika1, et al., 2010). In another study which aims to explore the construct of resilience by Palestinian youth in the 10th to 12th grades at school living in and around Ramallah in the West Bank. Focus groups were conducted with 321 male and female Palestinian students in 15 schools in Ramallah and the surrounding villages. Political participation and education are vital to a sense of identity and political resistance. However, a key finding reveals the normalisation of everyday life in fostering resiliency within abnormal living conditions. Palestinian youth, nonetheless, paint a picture of resilience that reveals contradictions and tensions. The study underlines the fluid and dynamic nature of resilience. Despite the desire for order, Palestinian young people complain of emotional distress and boredom. Feelings of desperation are intermingled with optimism (Viet, N., et al., 2008). According to the study of Annalakshmi Narayanan (2009) which conducted to investigate the relationship between resilience and certain cognitive variables. Resilience was assessed by using Resilience Scale for Adolescents (READ). The Attributional Complexity Scale purports to measure the complexity of the attributional schemata people used to explain human behavior. The scale assessed the individuals with reference to measured seven attributional constructs including a motivational component, preference for complex rather than simple explanations, metacognition concerning explanations, awareness of the extent to which people's behavior is a function of interaction with others,

a tendency to infer abstract or causally complex internal attributions, a tendency to infer abstract, contemporary, external causal attributions, and a tendency to infer external causes operating from the past. The sample consisted of 114 high school students in the age group 15-16 years. Both male and female students were included in the study. Criterion groups on resilience were formed using the median scores of the distribution of scores of subjects on READ. Findings showed that among the aspects of attributional schemata investigated in this study, complex explanation and metacognition had significant effect on resilience. The highly resilient had higher preference for complex rather than simple explanations for explaining human behavior and used metacognition concerning explanations more than those who had low resilience. Also Klasen, F., et al.(2010) conduct a study aimed to examine posttraumatic resilience in extremely exposed children and adolescents based on interviews with 330 former Ugandan child soldiers (age = 11-17, female = 48.5%). Despite severe trauma exposure, 27.6% showed posttraumatic resilience as indicated by the absence of posttraumatic stress disorder, depression, and clinically significant behavioral and emotional problems. Among these former child soldiers, posttraumatic resilience was associated with lower exposure to domestic violence, lower guilt cognitions, less motivation to seek revenge, better socioeconomic situation in the family, and more perceived spiritual support. Among the youth with significant psychopathology, many of them had symptoms extending beyond the criteria for posttraumatic stress disorder. Another study conducted with survivors of torture. The study sought to investigate the effect of several such resilience factors, coping style, social support, cognitive appraisals, and social comparisons on PTSD symptom severity. Furthermore, the study examined whether coping style moderated the relationship between resilience variables and PTSD symptoms. Seventy-five torture survivors completed an intake interview and several self-report measures upon entry into a treatment program for survivors of torture. Results indicated that emotion-focused coping styles significantly moderated the relationship between cognitive appraisal and social comparison variables and PTSD, and usually increased the likelihood of developing severe symptoms. These results indicate that the salience of resilience variables may differ depending on the individual's coping style, which present implications for clinical practice with torture survivors (Hooberman, J., et al ., 2010).

The literature on resilience suggests that despite personal, cultural, and environmental challenges, many students do succeed academically. However, few studies have

investigated resilience or factors that foster it among Latino college students. Accordingly, the study examined the variables of ethnic identity, perceived social support from family, friends, and a significant other, coping strategies, university environment, and cultural congruity to determine their relation to the resilience of 150 Latina/o college students. The participants were 72 males and 78 females from a large Midwestern, predominantly white institution (PWI). Participants completed a survey packet that included a demographic questionnaire, the Revised Multi-group Ethnic Identity Measure, Multidimensional Scale of Perceived Social Support, Student Coping Scale, University Environment Scale, Cultural Congruity Scale, and Connor-Davidson Resilience Scale. The results showed that ethnic identity, familial, friend, and significant other support, coping strategies, university environment, and cultural congruity accounted for 51% of the variance in measured resilience (Veronica Orozco, 2007). Another study conducted in which investigated the factors that promote academic resilience among middle school students at risk for academic failure. Individuals that graduated from high school on time were defined as academic resilient. The study included 24,599 participants, 47.1% white, 34.1% African American, and 18.8% Mexican origin eighth-grade students from low socio-economic status backgrounds. Driscoll's findings showed that the graduation rates of students with high math and reading scores increased when they had teacher support. Additionally, the graduation rates of students with high math scores increased when they frequently talked to their parents about school. Furthermore, for students with high math scores, their likelihood of graduating increased when they had positive attitudes about school. For students high on school engagement, their chances of graduating also increased when they had teacher support in comparison to students high on school engagement but with low levels of teacher support. Lastly, the likelihood of graduating further increased for students with high educational expectations and plans when their peers positively viewed school and students' parents were involved in their schooling (Driscoll, 2006).

2.5.3 Studies concern with self-esteem

Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide. The prevalence rates of anxiety are vary. A study conducted to estimate the prevalence of anxiety and its relationship with self-esteem among students at the University of Zabol in Iran. The Cattell Anxiety Inventory and the Coopersmith Self-

Esteem Inventory were used to conduct a cross-sectional study involving 400 students within an age range of 18 to 31. According to the results, the prevalence of anxiety among these students was measured at a level of 83% and a significant negative relationship was found to exist between anxiety and self-esteem as well as between age and anxiety. Females suffered significantly greater anxiety than males and males measured significantly higher on self-esteem than females. A significant positive relationship was also found between income and self-esteem. Other findings included no correlation between age and self-esteem, as well as no association between marital status, level of income or type of location and anxiety (Asadi, S., A., et al., 2010). Another study provides insight into the prevalence and correlates of anxiety among university students in Bursa, Turkey. A total of 4850 students participated in the study. Students completed Spielberger's State-Trait Anxiety Inventory, as well as a questionnaire designed to determine risk factors of anxiety. About 29.6% and 36.7% of the students in the study reported state and trait anxiety scores of more than 45 points, respectively. Controlling for gender and family socioeconomic status, the following characteristics predict both state and trait anxiety: the status of family relationships, difficulty understanding lectures, difficulty adapting to university life, having to solve problems independently, a vision of self-sufficiency in problem solving, negative life experience, and satisfaction with their department of study. The following factors are predictive of only state anxiety: boarding conditions, having a chronic disease, and exam periods. The risk factors for trait anxiety scores include the following: anxiety about the future, preparation for work life, class of study, private relationships, and attitude of the family toward their child. Families, secondary education institutions, and universities should cooperate to eliminate risk factors for anxiety among university students (Nurdan, S., O., 2010).

Understanding self-esteem is basic to understand adolescent's behavior. It is essential to know how adolescents perceive, value and regard the self to interpret their behavior. According to the study of Emil Serap (2003) which was conducted to examine the relationship between self-esteem score of university students and stressful life events. The frequency of university students with self-esteem level. Moreover, the difference between male and female and the difference between achiever and non-achiever students with respect to self-esteem. Three hundred forty one university students from different grades and departments of Middle East Technical University have been participated in this study. Rosenberg Self-Esteem Scale (SES), Life Events Inventory for University Students (LEIU)

and four-question demographic information form were used for this study. Factor analysis for LEIU was made for this study. At the end of the factor-analysis, three factors were identified. These were called as self-related anxiety/problems; environmental, adjustment, family events/problems; and academic events/problems. To examine the percentage of students with high and low self-esteem, frequency of the participant was calculated. In addition, independent samples t-test was applied to investigate the difference between male-female and achiever non-achiever students on self-esteem, while Pearson product moment correlation was applied to examine the relationship between self-esteem and stressful life events. It was found that there were 302 students (88.6 %) with high self-esteem level, while there were 39 students (11.4 %) with low self-esteem level. According to independent samples t-test results, it was found that achiever students' self-esteem score was higher than non-achiever students whereas there is no significant difference between male and female on the self-esteem score. Finally, it was found that there is a significant relationship between self-related anxiety/problems, environmental, adjustment, family problems and academic events/problems and self-esteem. Another study investigated the differences among 465 Turkish first year university students regarding overall wellness and four of its dimensions (cognitive emotional wellness-CEW, relational wellness-RW, life goal-LG, and physical wellness-PW) in terms of self-esteem levels and gender. The data were gathered by administering the Rosenberg Self-Esteem Scale and a short-form of the Wellness Inventory (WI-30). The results of ANOVA showed significant main effects for high-low self-esteem and gender, indicating that those who had a high level of self-esteem, and females, as compared to males, reported higher levels of overall wellness. The results of ANOVA employed on the four wellness sub-scores yielded a significant main effect for high-low self-esteem and for gender. The findings indicated that students who have higher self-esteem reported higher scores on all the four dimensions of wellness; and females reported higher levels of relational wellness and physical wellness than males (Nagihan, O., & Esin, T., 2009).

Several studies indicate that sex differences exist among adolescents' self-reports of life events (Windle & Windle, 1996) more specifically; girls tend to report significantly more negative life events than boys across all ages of adolescence as well as higher levels of stress. Plunkett, et al. (2000) studied among 207 high school students and they found that adolescent girls reported more life events, higher levels of stress due to the life events, and more use of coping strategies than boys. Another study among adolescents from ninth, tenth and twelfth grades investigated gender differences in global self-esteem and eight

domains of self-esteem. The study showed that boys achieved higher global self-esteem scores than girls did. In addition, boys scored significantly higher than girls in six domains of self-esteem (personal security, home/parents, attractiveness /physical appearance, personal mastery, psychological reactivity/permeability, and athletics) while remaining two domains (perception of peer popularity, academics) exhibited no significant differences between male and female (Quatman & Watson, 2001). A study conducted in order to investigate gender differences in anxiety among 3,064 volunteer undergraduates recruited from 10 Arab countries; Kuwait, Saudi Arabia, Emirates, Oman, Egypt, Syria, Lebanon, Palestine (Nablus and Gaza), Jordan and Iraq. The ages of all the participants ranged between 18 and 25. The questionnaires were distributed with the understanding that all completed questionnaires would be returned within three months from the date of their issue. The Kuwait University Anxiety Scale (KUAS) was used in its Arabic form. It was found that females had higher mean anxiety scores than did their male counterparts in all 10 countries. However, significant differences were found in 7 out of the 10 countries. The salient gender differences were interpreted in the light of a socialization process; especially sex-typing and gender roles (Abdel-Khalek, A.M., & Alansari, B.M., 2005). The study of Al Zogbi A., Mohamed (1997) compares the level of anxiety as a state and a trait among 100 male and 100 female in various faculties at Sana'a University. Arabic forms of the Spielberger, et. al. test standardized by Al-Buheiry for use in Arab countries was adapted for the Yemeni environment. He inferred for both scales appropriate treatment of reliability and validity to the extent that made the scale suitable to what it is intended for. The hypothesis of the current study is based upon the researcher's basic assumption. Female student were significantly higher (0.01) on state anxiety. No differences were found on trait anxiety. The result also showed that there was no difference in the level of anxiety as a state or a trait between the two sexes. The interpretation of the result was based upon the data of the research and the theoretical framework of the previous studies. The broad objective of another study was to understand better anxiety among adolescents in Kolkata city, India. Specifically, the study compared anxiety across gender, school type, socio-economic background and mothers' employment status. The study also examined adolescents' perceptions of quality time with their parents. A group of 460 adolescents (220 boys and 240 girls), aged 13-17 years were recruited to participate in the study via a multi-stage sampling technique. The data were collected using a self-report semi-structured questionnaire and a standardized psychological test, the State-Trait Anxiety Inventory.

Results show that anxiety was prevalent in the sample with 20.1% of boys and 17.9% of girls found to be suffering from high anxiety. More boys were anxious than girls ($p<0.01$). Adolescents from Bengali medium schools were more anxious than adolescents from English medium schools ($p<0.01$). Adolescents belonging to the middle class (middle socio-economic group) suffered more anxiety than those from both high and low socio-economic groups ($p<0.01$). Adolescents with working mothers were found to be more anxious ($p<0.01$). Results also show that a substantial proportion of the adolescents perceived they did not receive quality time from fathers (32.1%) and mothers (21.3%). A large number of them also did not feel comfortable to share their personal issues with their parents 60.0% for fathers and 40.0% for mothers (Deb Sibnath, et al., 2010).

The perception of academic success and achievement is a significant predictor of self-esteem in adolescent students. Alves-Martins, et al. (2002) analyzed in their study the relationship between self-esteem and academic achievement among secondary-school students. Their results showed that there are significant differences in self-esteem between the successful and unsuccessful students. In seventh grades; such differences disappear in the eight and ninth grades. In the study of Demo and Parker (2001) the relationship between student's grade point average and self-esteem were examined among 298 black and white college students. Self-esteem scores of blacks and whites 45 were not significantly different. No association was found between academic achievement and overall self-esteem for either racial group. In Iran a study conducted and examined self-esteem, gender and academic achievement. Participants (N= 153, 105 = male & 48= female) completed the Persian version of the Rosenberg Self- Esteem Scale (RSES). The RSES as a questionnaire test included 10 items. Cumulative grade point average (CGPA) was used to select the participants. Data were analyzed by multinomial logistic regression and independent sample t-test. The findings from this study indicate that although self-esteem indicates a strong significant relationship on academic achievement when gender is controlled there is no relationship between self esteem and academic achievement. In other words, a significant difference between gender and self-esteem was observed (Habibollah, N., et al., 2009).

2.6 Chapter summary

In this chapter, we discussed theoretical framework and literature review for the three study variables trauma, resilience and self-esteem.

Trauma occurs when both internal and external resources are inadequate to cope with the external threat. The development of modern psychological theories on trauma began in the nineteenth century. One of the earliest trauma theorists was Pierre Janet, but Sigmund Freud was one of the first to explore the realm of psychology and psychoanalysis and started his research on trauma at the end of the 19th century when he discovered that a psychological trauma was at the basis of women's so-called hysteria. Trauma theorist classified trauma to three types , type one trauma results from a single event , type two trauma results from repeated exposure to extreme external events but type three trauma results from multiple and pervasive violent events beginning at an early age and continuing for years. Trauma includes assorted non-life-threatening events, including death or suicide of a child or loved one, a very stressful divorce, a debilitating disease, difficult childbirth, natural disasters, a failure or loss of a job, and many other stressful conditions. For a child, a "trauma" might involve neglect, excessive punishment (e.g. spankings), emotional abuse (e.g. "you are stupid... mean... worthless"), sibling abuse or rivalry, serious accidents, observing domestic violence, bullying and social rejection, and many other conditions. Although trauma causes damage for some people but it can become powerful sources of motivation for others and lead to increased self respect.

What are the treatments for these unhealthy reactions to trauma? Therapists would provide a safe, supportive treatment setting and then gently encourage the patient to talk about their traumatic experiences, helping the patient learn about how stress, fears and reactions to trauma, including dissociation, are developed and how the unwanted/unhealthy reactions can be reduced.

Resilience is the ability of individuals in otherwise normal circumstances- who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation- to maintain relatively stable, healthy levels of psychological and physical functioning as well as the capacity for generative experiences and positive emotions. The five levels of resiliency are: Maintaining emotional stability, health, and well-being,. Focus outward good problem solving skills. Focus inward strong inner self. Well-developed resiliency skills. Then the talent for serendipity**.** The characteristics of resilient persons that distinguish them from less resilient persons include genetics, neurobiological factors, childhood development, type of trauma or stressful life

event, personality characteristics, cognitive style, prior history of exposure to stressful events, gender, age, capacity for affect regulation, social support, and ego defenses**.** If an individual demonstrates skills associated with high resilience, then he is more likely to exhibit positive adaptive behaviors to the traumatic event, but Conversely, if an individual exhibits behaviors associated with low resilience, then there is an increased likelihood that the individual will continue to function in a state of disruption, as they failed to demonstrate qualities associated with resilience.

Self-esteem is a confidence in one's capacity to achieve values, and it reflects how the individual views and values the self at the most fundamental levels of psychological experiencing. Self-esteem emerges at two years of age in relation to the mother. An internal need to act out independence and autonomy as well as increasing competence with language facilities results in an increase in self-esteem. A child's self-esteem develops in response to the rejection or acceptance they receive from significant others- individuals value themselves, as they are valued. During adolescence the need for social acceptance is essential for self-esteem development to occur. Although both are clearly influential: internal evaluations play a more important role in the development of self-esteem than do external , so how one perceives one self will always be more influential than how one is perceived by others. There are many theoretical approaches for self-esteem but two well-known historical scholars of the self are William James and Thomas Cooley. James is accredited for providing much of the groundwork for theory and research in the area of self-esteem. Cooley on the other hand believed that the origins of self were social in nature and that there was a pertinent link between one's perception of the approval given by others and self-esteem. Raising an individual's self-esteem would be beneficial for the individual and society as a whole. Self-esteem was said to be significantly related to quality of life and physical and mental well being so individuals with high self-esteem engage in self- promoting activities, view themselves as both worthwhile and valuable favour a coping style over avoidance and are comfortable with their weaknesses, while low self-esteem was seen to be associated with maladaptive cognitive, emotional and behavioural patterns . The dark side of self-esteem research predicts a negative result in low self-esteem with an increased risk of depression, drug use, and some forms of delinquency.

In this chapter we presented a review of relevant literature that is related to the study subject, which had been collected from scientific researches, published journals, and other scientific ways.

Chapter Three

Methodology

3. 1 Introduction

This chapter serves to explain in detail the research methodology used. The methods and procedures utilized in obtaining the results to meet the research aims are provided. Additionally, the methodology provides detailed information about how the study was conducted. Included the procedures used to conduct the study, the description of the participants, and the measures used.

Finally, limitations and the ethical consideration for performing the research and protecting the subjects of the study are clearly stated.

3.2 Study design

Descriptive analytic study design was employed. It was used because it gathers and interprets facts without manipulating variables. It is quick, cheap and collects large amounts of data through questionnaires from different sources. Its also try to answer the study questions about this specific problem.

3.3 Study population

The study population consists of Palestinian university students between the ages of 18 - 24 years old lives in Gaza Strip.

According to the ministry of high education**,** the number of university students in Gaza strip until second semester of year 2010-2011 is 56546 students (male and female).

3.4 Study sample

A stratified random sample was chosen from the study population and this sample represented the university students between the ages of 18 – 24 years old in Gaza strip in order to avoid sampling bias.

The sample consists of 399 Palestinian university students male and female living in Gaza strip.

3.4 .1 Distribution of the sample

The number of study population was 56,546 students and the total number of female students in the four universities was 33,000 students (58.1%) of the total male and female students, while the number of male students was 23.546 students (41.9%) of the total students, we use the same percentage that appeared in the study population and adopt it in the study sample. Also we calculated the percentage of each university at the same manner and then adopt the same ratio in the study sample. By using Epidemiological Information Program the researcher calculated the sample size .The sample of the study included 399 university students. Two hundred thirty two of the participants (58.1%) were female and one hundred sixty seven participants (41.9%) were male. One hundred thirty five (33.8%) of the participants were from Islamic university, ninety two (23.1%) were from Al-Aqsa university, ninety one (22.8%) were from Al-Quds Open university, and eighty one of them (20.3%) were from Al-Azhar university. The figure below illustrate the distribution of the sample according to the gender and chosen universities.

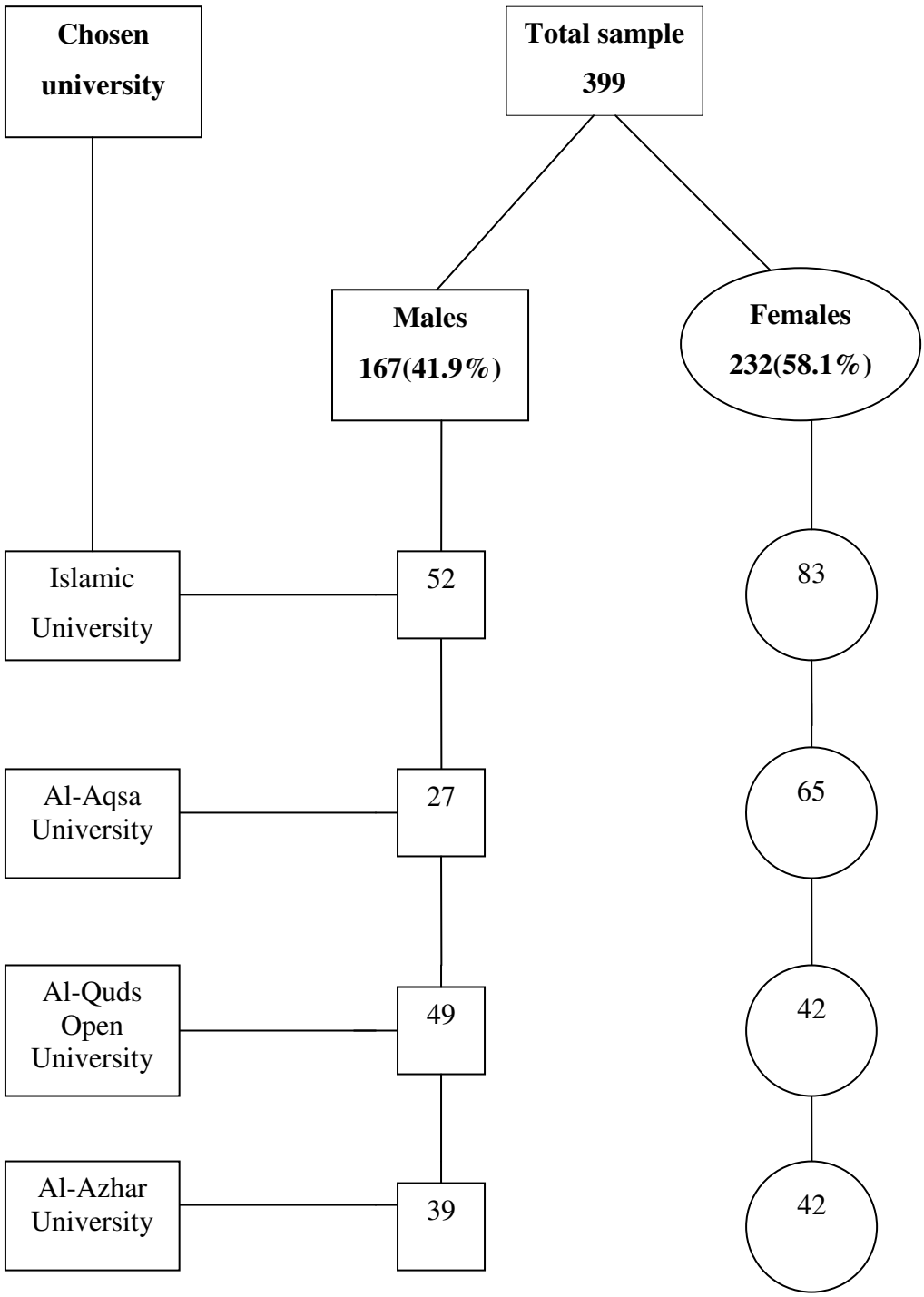

Figure (3-1): Distribution of the sample according to the gender and chosen universities

3.5 Eligibility criteria

3.5.1. Inclusion criteria:

The inclusion criteria of the study were university students between 18-24 years old who reside of Gaza Strip and study in the four major universities (Islamic , Al-Azhar , Al-Quds Open, Al-Aqsa) at the time of the study were eligible for the study.

3.5.2. Exclusion criteria:

University students younger than (18 years) and older than (24 years) of age were excluded from the study because this group of students were either in high school or undergraduate during the war on Gaza . In addition to university students who do not study in the four major universities mentioned above.

3.6 Period of the study

The study was carried out from October. 2010 to November 2012 and that includes development of proposal, writing chapter one and two, developing the questionnaire, data collection, entry, analysis , then research writing (chapter three , four and five) and lastly dissemination of findings .

3.7 Place of the study

The study were conducted at the four general universities in Gaza strip (Islamic, Al-Azhar, Al-Quds Open, Al-Aqsa).
The selection of those four general universities was done according to the requirement which was, any university had the necessary license from the ministry of higher education before at least 5 years ago.

3.8 Data Collection Procedures

The application of the instruments was made by the researcher. The permission was received from the four universities mentioned before.

Before application, the researcher had several interviews with the instructor about the aim, and the instruments of this study. I were administered the Gaza Traumatic Events Checklist scale, Connor-Davidson Resilience Scale (CD-RISC scale) , State-Trait Anxiety Inventory (STAI scale) and demographic information form to the students in the four universities mentioned before , either in classroom settings or outside classroom in two weeks in the second semester of 2010-2011 academic year. Each student has completed three questionnaires and twelve demographic questions approximately 20-25 minutes .

N.B. the researcher was distributed the questionnaires alone except the female students of the Islamic University where the public relations of the Islamic University distributed and collected the questionnaires and delivered it to the researcher . This may lead to incorrect filling of the questionnaire from the students.

3.9 Data entry and analysis

The collected data were analyzed under the supervision of the academic supervisor and the statisticians. Data entered by the statistical package for social science (SPSS) software version 13 computer program for the data entry and analysis. This statistical program has a variety of options that is optimal for use in thus studies were data can be entered, labeled, coded and recorded as different variables. While the researcher will use other statistical analysis that clarifying the differences between the groups such as frequencies , t – independent test , comparing means , one way ANOVA , that also denote the differences between the groups and within the groups of the study variables . The .05 alpha levels were accepted as a sign for statistical significance for all the statistical procedures except in case of correlation where it is significant at the 0.01 level (2-tailed).

3.10 Instruments of the study

As researcher I used the most suitable measurements that be chosen before to insure their validity, and at the same time to meet the aim of the study. The study consists of a Demographic Information Sheet, The Gaza Traumatic Events Checklist for war on Gaza, Connor–Davidson Resilience Scale and The State Trait Anxiety Inventory (STAI).

3.10.1. The Gaza Traumatic Events Checklist for war on Gaza (Thabet, A.,Vostanis,p., 2011)

The checklist consisting of 18 items covering three domains of events typical for the war on Gaza: (1) Witnessing personally acts of violence (e.g., killing of relatives, home demolition, bombardment, and injuries), (2) Having experiences of loss, injury and destruction in family and other close persons, and (3) Being personally the target of violence (e.g., being shot, injured, or beaten by the soldiers). In checklist respondent were asked whether they had been exposed to each of these events: (0) no (1)yes.

1. Split half method

Researcher calculated the reliability of the Gaza Traumatic Events Checklist by using split half method (part 1 = 9 items & part 2 = 9 items); where the person's correlation coefficient was (R1= 0.66) and by using spearman-brawn equation to modify the length of the scale the reliability coefficient was (R2 = 0.66).

2. Cronbach's alpha equation

Researcher estimated the reliability of the Gaza Traumatic Events Checklist by using the equation of Cronbach's alpha (No. of items = 18); where the value of alpha = (0.76).

3.10.2. Connor-Davidson Resilience Scale (Connor & Davidson, 2003) – Arabic version (Thabet, et al., 2011)

The CD-RISC is a 25 item scale developed by Connor and Davidson (2003) to measure the ability to cope with adversity (resilience). The subscales items are as follows: Personal competence, high standard, tenacity, =10, 11, 12, 16, 17, 23, 24, 25 ; Trust in one's instincts, tolerance of negative effect, strengthening effects of stress = 6, 7, 14, 15, 18, 19, 20 ; Positive acceptance of change, and secure relationships = 1, 2,4,5,8 ; Control =13, 21, 22 ; Spiritual influences 3, 9 . It uses a five-point Likert response format ranging from zero (“not true at all”) to four (“true nearly all the time”), with a total score range from 0 to 100. A preliminary study of the psychometric properties of the scale in a general population and a patient sample supported its internal consistency, test–retest reliability, and convergent and divergent validity (Connor & Davidson 2003). The Cronbach alpha of the total score was high ($\alpha = 0.93$).

1. Split half method

Researcher calculated the reliability of the Connor-Davidson Resilience Scale by using split half method (part 1 = 13 items & part 2 = 12 items) ; where the person's correlation coefficient was (R1= 0.83) and by using spearman-brawn equation to modify the length of the scale the reliability coefficient was (R2 = 0.83) .

2. Cronbach's alpha equation

Researcher estimated the reliability of the Connor-Davidson Resilience Scale by using the equation of Cronbach's alpha (No. of items = 25); where the value of alpha = (0.89).

3.10.3 State-Trait Anxiety Inventory STAI (Spielberger, 1972) – Arabic version (Abdel-khalek, A., 2000).

3.10.3.1 Description and applications of the STAI

The State- Trait Anxiety Inventory (STAI) has been used extensively in research and clinical practice, it comprises separate self-report scales for measuring state and trait anxiety; the S-Anxiety scale (STAI form Y-1) consists of twenty statements that evaluate how respondents feel at the time they complete the instrument sand the T-Anxiety scale. (STAI form Y-2) consists of twenty statements that assess how people feel in general; the essential qualities evaluated by the STAI S-Anxiety scale are feelings of apprehension, tension, nervousness, and worry, in addition to assessing how people feel right now, the STAI S-Anxiety scale may also be used to evaluate how they felt at a particular time in the recent past and how they anticipate they will feel either in a specific situation that is likely to be encountered in the future or in a variety of hypothetical situations; scores on the S-Anxiety scale increase in response to physical danger and psychological stress, and decrease as a result of relaxation training(Shamshad, 2005).

3.10.3. 2. Administration and scoring

The STAI was designed to be self-administered and may be given either individually or to groups, college students generally require about six minutes completing either the S-Anxiety or the T-Anxiety, and approximately ten minutes to complete both; complete instructions for the S-Anxiety and the T-Anxiety scales are written at the top of the

questionnaire, it is important to explain the instructions for the respondents to sure that they well-understand these instructions , which ask them to report how they feel right now at full-fill the questionnaire , and the trait instruction, asked them to indicate how they generally feel; the S-Anxiety Scale is always administered first, followed by the T-Anxiety scale, since the S-Anxiety scale was designed to be sensitive to the conditions under which the test is administered, scores on this scale are given first. In contrast, it has been demonstrated that the T-Anxiety scale is relatively not affected by the conditions under which it is. In responding to the STAI S-Anxiety scale, respondents mark right signal on the standard test form to the left of each item-statement that best describes the intensity of the feelings: (1) not at all; (2) somewhat;(3) moderately; (4) very much so, but in responding to the T-Anxiety scale, respondents are instructed to indicate how they generally feel by rating the frequency of their feelings of anxiety on the following four point scale: (1) almost never; (2) sometimes; (3) often; (4) almost always(Shamshad, 2005).

Each STAI item is given a weighted score of 1 to 4, a rating of 4 indicates the presence of a high level of anxiety for ten S-Anxiety items and eleven T-Anxiety items (e.g., “I feel frightened, “I feel upset”), and high rating indicates the absence of anxiety for the remaining ten S-Anxiety items and nine T-Anxiety items (e.g., “I feel calm”, ‘I feel relaxed); the scoring weights for the anxiety-absent items are reversed, that is, responses marked 1, 2, 3, or 4 are scored 4, 3, 2, or 1, respectively. The anxiety-absent items for which the scoring weights are reversed on the S-Anxiety and T-Anxiety scales are as follow: S Anxiety: 1,2,5,8,10,11,15,16,19,20 and T-Anxiety: 21, 23, 26,27,30,33, 34, 36, and 39, so to obtain scores for the S-Anxiety and T-Anxiety scales, simply add the weighted scores for the twenty items that make up each scale, taking into account the fact that the scores are reversed for the above items, lastly scores for both the S-Anxiety and the T-Anxiety scales are vary from a minimum of 20 to a maximum of 80(Shamshad, 2005).

The T-Anxiety scale. (STAI Form Y-2)

1. Split half method

Researcher calculated the reliability of the Trait-Anxiety scale. (STAI Form Y-2) by using split half method (part 1 = 10 items & part 2 = 10 items); where the person's correlation

coefficient was (R1= 0.60) and by using spearman-brawn equation to modify the length of the scale the reliability coefficient was (R2 = 0.61).

2. Cronbach's alpha equation

Researcher estimated the reliability of the Trait-Anxiety scale. (STAI Form Y-2) by using the equation of Cronbach's alpha (No. of items = 20); where the value of alpha = (0.57).

The S-Anxiety scale (STAI Form Y-1)

1. Split half method

Researcher calculated the reliability of the State-Anxiety scale. (STAI Form Y-1) by using split half method (part 1 = 10 items & part 2 = 10 items); where the person's correlation coefficient was (R1= 0.50) and by using spearman-brawn equation to modify the length of the scale the reliability coefficient was (R2 = 0.50).

2. Cronbach's alpha equation

Researcher estimated the reliability of the State-Anxiety scale. (STAI Form Y-1) by using the equation of Cronbach's alpha (No. of items = 20); where the value of alpha = (0.54).

3.10.4 Demographic Information Sheet:

Demographic information about the participants were obtained by using a survey ,This information sheet includes university, age ,sex , living area , type of residence, family size, father's level of education , mother's level of education , father's work, mother's work and family income, the demographic information is made by the researcher himself.

3.11 Limitations

1 - The permission from Al-Azhar University was delayed for nearly two weeks due to closure of the University as a result of academic strike and suspension of academic study.
2 -There are a minority of literature and resources regarding the study topic.
3 - The data was collected two weeks before the final exams and students might have seen the research as time consuming.

4 - Permanent power outages due to the blockade imposed on the Gaza Strip, which in turn leads to not run the computer or use the Internet and this had a role in disrupting research writing.

5- The study sample did not represent the governorates truly where the percentage of students from the South did not exceed the 5.5%, and this is due to the presence of other branches of universities in the South

3.12 Ethical considerations

1 – Approval letter was obtained from Helsinki committee to carry out the study (annex 1).

2 - Approval letter was obtained from the administration of each university (annex 2, 3, 4, 5).

3 - Confidentiality and anonymity were respected to protect student's identities by not showing personal data including name, address, telephone number or student number.

4 – Every participant was provided with an explanatory form about the study .This form included the purpose of the study , confidentiality information and some instructions , it also included statement about students right to participate or refuse (Annex 6).

5 - Confidentiality of research records: The report will be in the form of a dissertation. Again the results of the study will be used for research purposes only in the context of this study and they will have no personal consequences for the subjects or the researcher. The copy of this research will be made available to the university at the completion of the project.

3.13 Chapter summary

Quantitative research involves a lot of preparation to come up with the valid and reliable results. In this chapter, an overview of the study was presented, descriptive analytic study was employed, the subjects and their selection were described, and data collection and analysis in particular was researched. The appropriateness of the instruments used in this study along with the review of the research related to test reliability and validity were discussed. To conclude, the major limitations and ethical consideration were mentioned. The findings of the research will be dealt with in chapter four.

Chapter four

4. Results

4.1 Introduction

In this chapter the researcher will view the result in three dimensions; the first is the socio-demographic characteristics of the university students as study sample. The second is about the prevalence of trauma, resilience and self-esteem and the differences in trauma, resilience and self-esteem according to socio-demographic data of university students. The third one is about the relation between the three variables mentioned above.

4.2 Socio-demographic results of the study sample

First of all the total numbers of sample selected for my study were 399 university students. They were from four main universities in Gaza strip.

Table 4-1 shows that 135 of the university students of the study sample are from Islamic university (33.8%) while 92 (23.1%) are from Al-Aqsa university, 91 are from Al-Quds Open university (22.8%) and 81of study sample are from Al-Azhar university (20.3%) .

Table 4-1: Distribution of the sample according to the university

University	No.	%
Islamic university	135	33.8
Al-Aqsa university	92	23.1
Al-Quds Open university	91	22.8
Al-Azhar university	81	20.3
Total	399	100

Table 4-2 demonstrates that 167 (41.9%) of the university students of the study sample were male and 232 (58.1%) were female.

Table 4-2: Distribution of the sample according to sex

Sex	No.	%
Male	167	41.9
Female	232	58.1
Total	399	100

Table 4-3 found that 94 (23.56%) from university students of the study sample were from North Gaza, 206 (51.63%) were from Gaza, 78 (19.55%) were from Middle area, 13 (3.26%) were from Khan Younis and 8 (2.01%) were from Rafah.

Table 4-3: Distribution of the sample according to the living area (Governorate)

Living area	No.	%
North Gaza	94	23.56
Gaza	206	51.63
Middle area	78	19.55
Khan Younis	13	3.26
Rafah	8	2.01
Total	399	100

Table 4-4 demonstrate that; 254 of the university students of the study sample were live in city (63.66%), 119 of them live in camp (29.82%) and 26 live in village (6.52%).

Table 4-4: Distribution of the sample according to the type of residence

Type of residence	No.	%
City	254	63.66
Village	119	29.82
Camp	26	6.52
Total	399	100

Table 4-5 illustrate that ; 35 of the university students were have family size 1-4 members (8.77%) , while 148 were 5-7 members (37.09%) and 216 of the study sample were have 8 and above (54.14%) .

Table 4-5: Distribution of the sample according to the family size

Family size	No.	%
1 – 4 members	35	8.77
5 - 7 members	148	37.09
8 and above	216	54.14
Total	399	100

Table 4-6 represent that; 15 fathers (3.76%) of the university students of the study sample were not educated (illiterate) , 39 fathers of the study sample were educated to elementary level (9.77%) , 43 were educated to preparatory level (10.78%) , 113 were educated to secondary level (28.32%) , 47 were educated to diploma level (11.78%) , 115 of fathers of the study sample were educated to university level (28.82%) and 27 of them were educated to post graduate level (6.77 %) .

Table 4-6: Distribution of the sample according to father's level of education

Father's level of education	No.	%
Not educated	15	3.76
Elementary	39	9.77
Preparatory	43	10.78
Secondary	113	28.32
Diploma	47	11.78
University	115	28.82
Post graduate	27	6.77
Total	399	100

Table 4-7 represent that; 12 mothers (3.01%) of the university students of the study sample were not educated (illiterate) , 16 mothers of the study sample were educated to elementary level (4.01%) , 55 were educated to preparatory level (13.78%) , 182 were

educated to secondary level (45.61%) , 55 were educated to diploma level (13.78%) , 67 of mothers of the study sample were educated to university level (16.79%) and 12 of them were educated to post graduate level (3.01 %) .

Table 4-7: Distribution of the sample according to mother's level of education

Mother's level of education	No.	%
Not educated	12	3.01
Elementary	16	4.01
Preparatory	55	13.78
Secondary	182	45.61
Diploma	55	13.78
University	67	16.79
Post graduate	12	3.01
Total	399	100

Table 4-8 illustrate that; 107 fathers (26.82%) of the university students of the study sample were unemployed , while 42 of fathers were workers (10.53) , 26 of them were skilled workers (6.52%) , 158 fathers were employee (39.60%), 22 of fathers were trader (5.51%) and 44 fathers were had other works (11.03%) .

Table 4-8: Distribution of the sample according to father's work

Father's work	No.	%
Unemployed	107	26.82
Worker	42	10.53
Skilled worker	26	6.52
Employee	158	39.60
Trader	22	5.51
Other works	44	11.03
Total	399	100

Table 4-9 demonstrate that most of the mothers of the university students of the study sample were housewife 341(85.46%), while 51 (12.78%) of the mothers were employee and 7 of the mothers of study sample (1.75%) were had other works.

Table 4-9: Distribution of the sample according to mother's work

Mother's work	**No.**	**%**
Housewife	341	85.46
Employee	51	12.78
Other works	7	1.75
Total	399	100

Table 4-10 shows that; most of the family income of the university students of the study sample were less than 1000 NIS 143 (35.84%) , 111 family's income were from 1001-2000 NIS (27.82%) , 71 of the family's income were from 2001-3000 NIS (17.79%) , 46 of the family's income were from 3001-4000 NIS (11.53%) and 28 were more than 4000 NIS (7.02%) .

Table 4-10: Distribution of the sample according to family income" NIS"

Family income in(NIS)	**No.**	**%**
Less than 1000 NIS	143	35.84
1001-2000 NIS	111	27.82
2001-3000 NIS	71	17.79
3001-4000 NIS	46	11.53
More than 4000 NIS	28	7.02
Total	399	100

Table 4-11shows the mean and standard deviation of the university students age, mean 20.40, (SD=1.42).

Table 4-11: Mean and standard deviation of university student's age of the study sample

Variable	No.	Mean	Std. Deviation
Age	399	20.40	1.42

4.3 Frequencies of study variables and differences in trauma, resilience and self-esteem according to socio-demographic data of university students.

4.3.1 Traumatic events

4.3.1.1 Frequencies of traumatic events of the study sample

The following table describes the most traumatic events due to the war on Gaza and its frequency among study sample. The highest traumatic events of study sample 92.73% were " Watching mutilated bodies in TV" , followed by " Witnessed the shelling and destruction of another's home" 47.37% , then " Witnessing firing by tanks and heavy artillery at neighbors homes " 47.12% and " Forced to move from home to a safer place during the war" 42.86% . While the least percent of traumatic events were " Witnessing killing of a close relative" 6.27% then " Threaten of being killed" 7.27% , and " Threatened with death by being used as human shield by the army to move from home to home" 7.52% .

Table 4-12: Frequency of traumatic events of the study sample

No.	Items of traumatic events	Yes %	No %
8	Watching mutilated bodies in TV	92.73	7.27
5	Witnessed the shelling and destruction of another's home	47.37	52.63
6	Witnessing firing by tanks and heavy artillery at neighbors homes	47.12	52.88
17	Forced to move from home to a safer place during the war	42.86	57.14

12	Deprivation from water or electricity during detention at home	38.85	61.15
10	Being detained at home during incursions or due to factional war	35.84	64.16
1	Witnessing killing of a friend	28.57	71.43
3	Witnessing shooting of a friend	27.57	72.43
13	Threaten by shooting	27.57	72.43
14	Destroying of your personal belongings during incursion	16.79	83.21
7	Witnessed the shelling and destruction of own home	11.28	88.72
4	Witnessing shooting of a close relative	9.02	90.98
18	Exposure to burn due to phosphorus bombs	9.02	90.98
9	Shooting by bullets, rocket, or bombs	8.77	91.23
11	Beating and humiliation by the army	8.52	91.48
16	Threatened with death by being used as human shield by the army to move from home to home	7.52	92.48
15	Threaten of being killed	7.27	92.73
2	Witnessing killing of a close relative	6.27	93.73

4.3.1.2 Mean of total traumatic experience

The following table shows the mean and standard deviation of traumatic events that university students expose to, mean total 4.72 (SD=3.09).

Table 4-13: Mean and standard deviation of traumatic events of the study sample

Variable	No.	Mean	Std. Deviation
Total traumatic events	399	4.72	3.09

4.3.1.3 Traumatic experience according to sex of the study sample

In order to investigate the sex differences in traumatic events resulting from war on Gaza among study sample. T independent test was performed. As shown in the following table : the results found that there were significant differences in traumatic events resulting from war on Gaza according to sex of the study sample , (t = 6.495 , p = .000) in favor of males , of course this means that males expose to traumatic events more than females .

Table 4-14: T independent test comparing mean of traumatic experience according to sex of the study sample

Variable	Males N = 167		Females N= 232		T- value df = 397	Significant level
	Mean	SD	Mean	SD		
Traumatic experience	5.89	3.27	3.89	2.66	6.495	*0.000

*p < 0.05

4.3.1.4 Traumatic experience according to university of the study sample

In order to investigate the university differences in traumatic events resulting from war on Gaza among study sample (Islamic, Al-Aqsa, Open Al-Quds, Al-Azhar). One way ANOVA was performed. As shown in the following table: the results found that there were no significant differences in traumatic events resulting from war on Gaza according to the university of the study sample, (F =1.653 , p =0.177).

Table 4-15: One way ANOVA comparing of traumatic experience according to university of the study sample

Variable	Source of variance	Sum of Squares	df	Mean Square	F-value	Sig. level
Traumatic events	Between Groups	47.222	3	15.741	1.653	0.177
	Within Groups	3761.545	395	9.523		
	Total	3808.767	398			

*p < 0.05

4.3.1.5 Traumatic experience according to type of residence of the study sample

In order to investigate the type of residence differences in traumatic events resulting from war on Gaza among study sample (city, village, camp). One way ANOVA was performed. As shown in the following table : the results found that there were no significant differences in traumatic events resulting from war on Gaza according to the type of residence of the study sample ,this mean that all of the residents in Gaza-strip either in city , village or camp expose equally to trauma , (F =0.197 , p =0.821).

Table 4-16: One way ANOVA comparing of traumatic experience according to type of residence of the study sample

Variable	Source of variance	Sum of Squares	df	Mean Square	F-value	Sig. level
Traumatic events	Between Groups	3.791	2	1.895	0.197	0.821
	Within Groups	3804.976	396	9.609		
	Total	3808.767	398			

*p < 0.05

4.3.1.6 Traumatic experience according to family income of the study sample

In order to investigate the family income differences in traumatic events resulting from war on Gaza among study sample (1000 NIS and less, 1001 – 2000, 2001 -3000, 3001 – 4000, more than 4000 NIS). One way ANOVA was performed. As shown in the following table : the results found that there were no significant differences in traumatic events resulting from war on Gaza according to the family income of the study sample , (F =1.350 , p =0.251) .

Table 4-17: One way ANOVA comparing of traumatic experience according to family income" NIS" of the study sample

Variable	Source of variance	Sum of Squares	df	Mean Square	F-value	Sig. level
Traumatic events	Between Groups	51.479	4	12.87	1.350	0.251
	Within Groups	3757.288	394	9.53		
	Total	3808.767	398			

*p < 0.05

4.3.2 Resilience

4. 3.2.1 Frequencies of resilience scale items of the study sample

The following table illustrate the most resilience items and its frequency among study sample .The researcher found that the highest resilience item was 80.95% of study sample " Things happen for a reason " , 74.69% " Sometimes fate or God can help " and 48.12% " Pride in your achievements" . While the lowest resilience item was "See the humorous side of things "10.03%, then "Able to adapt to change"10.03%, and "Under pressure, focus and think clearly "10.53%.

Table 4-18: Frequency of resilience scale items of the study sample

N	resilience scale items	Not true at all %	Rarely true %	Some-times true %	Often true %	True nearly all of the time %
1	Able to adapt to change	4.76	13.03	42.11	30.08	10.03
2	Close and secure relationships	1.50	7.02	22.56	39.85	29.07
3	Sometimes fate or God can help	0.75	1.50	6.02	17.04	74.69
4	Can deal with whatever comes	3.01	9.77	45.36	31.08	10.78
5	Past success gives confidence for new challenge	5.51	6.02	23.56	36.59	28.32
6	See the humorous side of things	7.02	21.30	38.60	23.06	10.03

7	Coping with stress strengthens	9.77	15.54	28.57	33.33	12.78
8	Tend to bounce back after illness or hardship	4.26	7.27	20.80	30.58	37.09
9	Things happen for a reason	3.26	1.50	5.01	9.27	80.95
10	Best effort no matter what	2.26	7.52	23.31	37.59	29.32
11	You can achieve your goals	6.02	12.53	34.34	33.83	13.28
12	When things look hopeless, I don't give up	4.51	13.28	25.06	36.84	20.30
13	Know where to turn for help	7.77	11.78	24.06	32.58	23.81
14	Under pressure, focus and think clearly	23.06	19.80	27.32	19.30	10.53
15	Prefer to take the lead in problem solving	6.27	14.54	26.07	29.82	23.31
16	Not easily discouraged by failure	12.28	13.53	29.57	27.57	17.04
17	Think of self as strong person	3.26	10.78	24.56	35.09	26.32
18	Make unpopular or difficult decisions	6.27	20.30	36.34	26.07	11.03
19	Can handle unpleasant feelings	10.28	15.79	32.83	26.82	14.29
20	Have to act on a hunch	4.26	13.53	33.08	33.58	15.54
21	Strong sense of purpose	5.76	9.02	29.07	34.09	22.06
22	In control of your life	4.51	8.52	27.32	33.83	25.81
23	I like challenges	8.02	10.78	20.80	32.83	27.57
24	You work to attain your goals	5.51	11.28	25.81	33.58	23.81
25	Pride in your achievements	3.26	6.77	14.79	27.07	48.12

4.3.2.2 Mean of total resilience

The following table shows the mean and standard deviation of total resilience and it's subscales that university students have, mean total 64.54 (SD=14.26).

Table 4-19: Mean and standard deviation of total resilience and it's subscales of the study sample

Variable	No.	Minimum	Maximum	Mean	Std. Deviation
Total resilience	399	12	96	64.54	14.26
Personal competence high standards and tenacity.	399	3	32	20.99	5.67

Trust in one's instincts , tolerance of negative affect and strengthening effects	399	1	28	15.32	4.74
Positive acceptance of change, and secure relationships	399	2	20	13.18	3.23
Control	399	0	12	7.78	2.48
Spiritual	399	0	8	7.27	1.36

4.3.2.3 Resilience according to sex of the study sample

In order to investigate the sex differences in total resilience and it's subscales among study sample. T independent test was performed. As shown in the following table : the results found that there were significant differences in total resilience according to sex of the study sample , (T = 2.293 , P = .022) and in the resilience subscale (trust in one's instincts , tolerance of negative affect and strengthening effects) (T = 3.895 , P = .000) in favor of males this means that males have got resilience especially in the trust in one's instincts , tolerance of negative affect more than females, but in other side the results found that there were no significant differences in other resilience subscales (Personal competence high standards, and tenacity - Positive acceptance of change, and secure relationships – Control – Spiritual) according to sex of the study sample .

Table 4-20: T independent test comparing mean of resilience according to sex of the study sample

Variables	**Sex**	**No.**	**Mean**	**SD**	**T - value**	**Sig. level**
Total resilience	Male	167	66.49	15.06	2.293	*.022
	Female	23 2	63.19	13.50		
Personal competence high standards and tenacity.	Male	167	21.63	5.65	1.907	.057
	Female	232	20.53	5.66		
Trust in one's instincts , tolerance of negative affect and strengthening effects	Male	167	16.38	4.84	3.857	*.000
	Female	232	14.56	4.52		
Positive acceptance of change, and secure relationships	Male	167	13.35	3.49	0.934	0.351
	Female	232	13.05	3.02		
Control	Male	167	8.02	2.39	1.637	0.102
	Female	232	7.61	2.54		
Spiritual	Male	167	7.14	1.55	-1.537	0.125
	Female	232	7.36	1.19		

*$p < 0.05$

4.3.2.4 Resilience according to university of the study sample

In order to investigate the university differences in resilience resulting from war on Gaza among study sample (Islamic, Al-Aqsa, Al-Quds Open, Al-Azhar). One way ANOVA was performed. As shown in the following table : the results found that there were significant differences in only one of resilience subscales - Trust in one's instincts , tolerance of negative affect and strengthening effects - according to the university of the study sample , (F =4.562 , p =0.004) .

Table 4-21: One way ANOVA comparing of resilience according to university of the study sample

Variable	Source of variables	Sum of Squares	df	Mean Square	F-value	Sig. level
Total resilience	Between Groups	1174.679	3	391.560	1.940	.123
	Within Groups	79740.389	395	201.874		
	Total	80915.068	398			
Personal competence high standards and tenacity.	Between Groups	159.091	3	53.030	1.656	.176
	Within Groups	12647.886	395	32.020		
	Total	12806.977	398			
Trust in one's instincts , tolerance of negative affect and strengthening effects	Between Groups	299.234	3	99.745	4.562	*.004
	Within Groups	8636.059	395	21.863		
	Total	8935.293	398			
Positive acceptance of change, and secure relationships	Between Groups	28.635	3	9.545	.916	.433
	Within Groups	4115.085	395	10.418		
	Total	4143.719	398			
Control	Between Groups	22.566	3	7.522	1.220	.302
	Within Groups	2434.897	395	6.164		
	Total	2457.464	398			
Spiritual	Between Groups	8.183	3	2.728	1.489	.217
	Within Groups	723.657	395	1.832		
	Total	731.840	398			

*$p < 0.05$

As shown in the following table and post Hok : the results found that there were significant differences in only one of resilience subscales - Trust in one's instincts , tolerance of negative affect and strengthening effects - according to the university of the study sample , (mean=16.83) in favor to Al-Quds Open university .

Table 4-22 Mean of resilience subscale according to university of the study sample

Variable		No.	Mean	Std. Deviation
Trust in one's instincts , tolerance of negative affect and strengthening effects	Al-Quds Open university	91	16.83	4.88
	Al-Azhar university	81	15.39	4.18
	Islamic university	135	14.71	4.90
	Al-Aqsa university	92	14.65	4.53

Post hok test of resilience subscale trust in one's instincts according to university of the study sample

Dependent Variable	(I) Type of University	(J) Type of University	Mean Difference (I-J)	Std. Error	Sig.
Trust in one's instincts , tolerance of negative affect and strengthening effects	Al-Aqsa	Islamic	-.0663	.63214	1.000
		Al-Quds Open	-2.1830(*)	.69131	.009
		Al-Azhar	-.7429	.71244	.724
	Islamic	Al-Aqsa	.0663	.63214	1.000
		Al-Quds Open	-2.1166(*)	.63420	.005
		Al-Azhar	-.6765	.65717	.732
	Al-Quds Open	Al-Aqsa	2.1830(*)	.69131	.009
		Islamic	2.1166(*)	.63420	.005
		Al-Azhar	1.4401	.71427	.184
	Al-Azhar	Al-Aqsa	.7429	.71244	.724
		Islamic	.6765	.65717	.732
		Al-Quds Open	-1.4401	.71427	.184

*p < 0.05

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4.3.2.5 Resilience according to type of residence of the study sample

In order to investigate the type of residence differences in resilience resulting from war on Gaza among study sample (city, village, camp). One way ANOVA was performed. As shown in the following table : the results found that there were significant differences in

only one of resilience subscales - Spiritual - according to the type of residence of the study sample , (F =3.047 , p =0.049) .

Table 4-23: One way ANOVA comparing of resilience according to type of residence of the study sample

Variable	Source of variables	Sum of Squares	df	Mean Square	F-value	Sig. level
Total resilience	Between Groups	192.363	2	96.181	.472	.624
	Within Groups	80722.705	396	203.845		
	Total	80915.068	398			
Personal competence high standards and tenacity.	Between Groups	22.938	2	11.469	.355	.701
	Within Groups	12784.040	396	32.283		
	Total	12806.977	398			
Trust in one's instincts , tolerance of negative affect and strengthening effects	Between Groups	1.160	2	.580	.026	.975
	Within Groups	8934.133	396	22.561		
	Total	8935.293	398			
Positive acceptance of change, and secure relationships	Between Groups	43.679	2	21.840	2.109	.123
	Within Groups	4100.040	396	10.354		
	Total	4143.719	398			
Control	Between Groups	.357	2	.179	.029	.972
	Within Groups	2457.106	396	6.205		
	Total	2457.464	398			
Spiritual	Between Groups	11.092	2	5.546	3.047	*.049
	Within Groups	720.748	396	1.820		
	Total	731.840	398			

*$p < 0.05$

As shown in the following table and post Hok : the results found that there were significant differences in only one of resilience subscales - spiritual - according to the type of residence of the study sample , (mean=7.52) in favor to Camp .

Table 4-24 Mean of resilience subscale spiritual according to type of residence of the study sample

Variable		No.	Mean	Std. Deviation
Spiritual	Camp	119	7.52	0.99
	Village	26	7.19	1.20
	City	254	7.15	1.49

Post hok test of resilience subscale spiritual according to type of residence of the study sample

Dependent Variable	(I) Place of residence	(J) Place of residence	Mean Difference (I-J)	Std. Error	Sig.
Spiritual	City	Camp	-.3675(*)	.14987	.039
		Village	-.0388	.27779	.989
	Camp	City	.3675(*)	.14987	.039
		Village	.3287	.29206	.499
	Village	City	.0388	.27779	.989
		Camp	-.3287	.29206	.499

*p < 0.05

4.3.2.6 Resilience according to family income of the study sample

In order to investigate the family income differences in resilience resulting from war on Gaza among study sample (1000 NIS and less, 1001 – 2000, 2001 -3000, 3001 – 4000, more than 4000 NIS). One way ANOVA was performed. As shown in the following table : the results found that there were significant differences in total resilience according to the family income of the study sample (F =3.428 , p =0.009) ,and in the two subscales - Personal competence high standards, and tenacity (F= 3.735 , P=.005) and - Trust in one's instincts, tolerance of negative affect and strengthening effects (F = 2.420 , P = .048) , but in the remain resilience subscales the results found that there were no significant differences according to the family income of the study sample .

Table 4-25: One way ANOVA resilience according to family income" NIS" of the study sample

Variable	Source of variables	Sum of Squares	df	Mean Square	F-value	Sig. level
Total resilience	Between Groups	2721.679	4	680.420	3.428	*.009
	Within Groups	78193.389	394	198.460		
	Total	80915.068	398			
Personal competence high standards, and tenacity.	Between Groups	467.903	4	116.976	3.735	*.005
	Within Groups	12339.074	394	31.317		
	Total	12806.977	398			
Trust in one's instincts , tolerance of negative affect and strengthening effects	Between Groups	214.230	4	53.557	2.420	*.048
	Within Groups	8721.063	394	22.135		
	Total	8935.293	398			
Positive acceptance of change, and secure relationships	Between Groups	74.281	4	18.570	1.798	.128
	Within Groups	4069.439	394	10.329		
	Total	4143.719	398			
Control	Between Groups	23.648	4	5.912	.957	.431
	Within Groups	2433.816	394	6.177		
	Total	2457.464	398			
Spiritual	Between Groups	16.690	4	4.172	2.299	.058
	Within Groups	715.150	394	1.815		
	Total	731.840	398			

*$p < 0.05$

As shown in the following table : the results found that there were significant differences in total resilience and each of subscales – (Personal competence high standards, and tenacity) , and(Trust in one's instincts , tolerance of negative affect and strengthening effects) - according to family income" NIS" of the study sample , (mean=68.80) in favor to family income (3001-4000 NIS).

Table 4-26 Mean of resilience subscale according to type of residence of the study sample

Variable		No.	Mean	Std. Deviation
Total resilience	3001 – 4000	46	68.80	12.98
	1001 – 2000	111	67	12.96
	2001 – 3000	71	64.21	13.66
	More than 4000	28	62.96	13.041
	Less than 1000	143	61.72	15.57
Personal competence high standards, and tenacity.	3001 – 4000	46	22.89	4.68
	1001 – 2000	111	21.90	5.33
	2001 – 3000	71	20.98	4.99
	Less than 1000	143	19.90	6.31
	More than 4000	28	19.78	5.47
Trust in one's instincts , tolerance of negative affect and strengthening effects	3001 – 4000	46	16.54	4.68
	1001 – 2000	111	15.98	4.39
	2001 – 3000	71	15.21	4.34
	More than 4000	28	15.17	5.07
	Less than 1000	143	14.50	5.03

4.3.3 Self-esteem

4.3.3.1 Anxiety trait

4.3.3.1.1 Frequency of the trait scale items of the study sample

The following table shows the most trait items and its frequency among study sample. The highest trait items frequency of study sample 38.35% were " I wish I could be as happy as others seem to be ", followed by " I get in a state of tension or turmoil as I think over my recent concerns and interests " 21.80%, then " I take disappointments so keenly that I can't put them out of my mind " 15.29%, and " I make decisions easily " 14.79% as they answer it "not at all ". While the least percent of trait items frequency were " I feel like a failure " 3.76% and " I feel satisfied with myself " 3.76% as they answer it "not at all ", then " I lack self-confidence " 4.76%.

Table 4-27: Frequency of The trait items of the study sample

N.	The trait items	Not at all	Somewhat	Moderately so	Very much so
21	I feel pleasant	9.02	56.14	22.31	12.53
22	I feel nervous and restless	11.78	59.15	21.05	8.02
23	I feel satisfied with myself.	3.76	27.32	44.86	24.06
24	I wish I could be as happy as others seem to be	4.76	21.55	35.34	38.35
25	I feel like a failure	56.89	33.58	5.76	3.76
26	I feel rested	9.02	45.61	32.33	13.03
27	I am "calm, cool and collected"	11.53	39.60	33.58	15.29
28	I feel that difficulties are piling up so that I cannot overcome them	14.79	56.39	23.31	5.51
29	I worry too much over something that really doesn't matter	25.06	44.61	21.30	9.02
30	I am happy	9.27	43.86	30.83	16.04
31	I have disturbing thoughts	22.06	43.61	23.06	11.28
32	I lack self-confidence	45.36	35.84	14.04	4.76
33	I feel secure	8.52	48.87	27.82	14.79

34	I make decisions easily	14.79	47.87	27.82	9.52
35	I feel inadequate	50.88	35.09	10.28	3.76
36	I am content	6.27	36.09	38.10	19.55
37	Some unimportant thought runs through my mind and bothers me	13.28	47.37	26.07	13.28
38	I take disappointments so keenly that I can't put them out of my mind	17.79	39.35	27.57	15.29
39	I am a steady person	12.28	39.35	35.09	13.28
40	I get in a state of tension or turmoil as I think over my recent concerns and interests	5.51	34.59	38.10	21.80

4.3.3.1.2 Mean of anxiety trait

The following table shows the mean and standard deviation of anxiety trait that university students expose, mean total 44.90 (SD = 10.57).

Table 4-28: Mean and standard deviation of anxiety trait of the study sample

Variable	No.	Mean	Std. Deviation
Anxiety trait	399	44.90	10.57

4.3.3.1.3 Anxiety trait according to sex of the study sample

In order to investigate the sex differences in Anxiety trait resulting from war on Gaza among study sample. T independent test was performed. As shown in the following table: the results found that there were no significant differences in Anxiety trait according to sex of the study sample, (t = -4.2 , p = 0.28).

Table 4-29: T independent test comparing mean of anxiety trait according to sex of the study sample

Variable	Males N = 167		Females N= 232		T- value df = 396	Significant level
	Mean	SD	Mean	SD		
Anxiety trait	44.61	10.19	45.10	10.87	-4.2	0.28

*p < 0.05

4.3.3.1.4 Anxiety trait according to university of the study sample

In order to investigate the university differences in Anxiety trait resulting from war on Gaza among study sample (Islamic, Al-Aqsa, Al-Quds Open, Al-Azhar). One way ANOVA was performed. As shown in the following table: the results found that there were no significant differences in anxiety trait resulting from war on Gaza according to the university of the study sample, (F = 2.179, p =0.09).

Table 4-30: One way ANOVA comparing of anxiety trait according to university of the study sample

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	724.308	3	241.436	2.179	0.09
Within Groups	43776.444	395	110.826		
Total	44500.752	398			

*p < 0.05

4.3.3.1.5 Anxiety trait according to type of residence of the study sample

In order to investigate the type of residence differences in anxiety trait resulting from war on Gaza among study sample (city, village, camp). One way ANOVA was performed. As shown in the following table : the results found that there were no significant differences in

anxiety trait resulting from war on Gaza according to the type of residence of the study sample , (F =0.364, p =0. 695) .

Table 4-31: One way ANOVA comparing of anxiety trait according to type of residence of the study sample

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	81.564	2	40.782	0.364	0.695
Within Groups	44419.188	396	112.170		
Total	44500.752	398			

*p< 0.05

4.3.3.1.6 Anxiety trait according to family income of the study sample

In order to investigate the family income differences in anxiety trait resulting from war on Gaza among study sample (1000 NIS and less, 1001 – 2000, 2001 -3000, 3001 – 4000, more than 4000 NIS). One way ANOVA was performed. As shown in the following table: the results found that there were no significant differences in anxiety trait resulting from war on Gaza according to the family income of the study sample, (F =0.429, p =0.788).

Table 4-32: One way ANOVA comparing of anxiety trait according to family income" NIS" of the study sample

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	192.809	4	48.202	0.429	0.788
Within Groups	44307.943	394	112.457		
Total	44500.752	398			

*p < 0.05

4.3.3.2 Anxiety state

4.3.3.2.1 Frequencies of the state scale items of the study sample

The following table illustrates the most state items and its frequency among study sample. The highest state items frequency of study sample 25.56% were "I am worried about the bad luck" followed by 24.56% "I feel nervous", then "I am much anxious and nervous" 20.80% and "I feel tense" 18.55%. While the least percent of state items frequency were " I feel I am indecisive " 4.26% then " I feel self confidence " 4.26% as they answer it "not at all ", and " I feel satisfy " 8.27% as they answer it "not at all ".

Table 4-33: Frequency of the state items of the study sample

N.	The state items	Not at all %	Somewhat %	Moderately so %	Very much so %
1	I feel easy	10.03	35.34	36.09	18.55
2	I feel secure	10.28	31.33	38.35	20.05
3	I am nervous	25.56	37.09	22.56	14.79
4	I feel tense	27.07	27.32	27.07	18.55
5	I feel comfortable	16.54	31.58	36.34	15.54
6	I feel disturbed	32.33	35.59	22.56	9.52
7	I am worried about the bad luck	23.56	25.81	25.06	25.56
8	I feel satisfy	8.27	23.81	35.84	32.08
9	I feel very scared	49.37	27.57	14.54	8.52
10	I feel resting	13.78	30.83	38.85	16.54
11	I feel self confidence	4.26	14.79	37.34	43.61
12	I feel nervous	23.31	28.82	23.31	24.56
13	I am much anxious and nervous	34.59	26.57	18.05	20.80
14	I feel I am indecisive	35.34	36.59	23.81	4.26
15	I feel relax	18.05	38.10	32.08	11.78
16	I am satisfied	10.28	23.56	38.35	27.82
17	I am annoyed	36.84	30.58	19.80	12.78
18	I feel embarrassed	36.34	32.58	21.55	9.52

19	I feel settled	13.78	26.57	41.35	18.30
20	I feel happy	14.79	26.57	39.60	19.05

4.3.3.2.2 Mean of Anxiety state

The following table shows the mean and standard deviation of anxiety state that university students expose, mean total 46.62 (SD = 7.67).

Table 4-34: Mean and standard deviation of anxiety state of the study sample

Variable	No.	Mean	Std. Deviation
Anxiety state	399	46.62	7.67

4.3.3.2.3 Anxiety state according to sex of the study sample

In order to investigate the sex differences in anxiety state resulting from war on Gaza among study sample. T independent test was performed. As shown in the following table: the results found that there were no significant differences in Anxiety state according to sex of the study sample, ($t = -1.30$, $p = 0.14$).

Table 4-35: T independent test comparing mean of anxiety state according to sex of the study sample

Variable	Sex	No.	Mean	Std. Deviation	Std. Error Mean	T- value df = 396	Significant level
Anxiety state	Male	167	46.04	7.10	.68	-1.30	0.14
	Female	232	47.04	7.86	.63		

*$p < 0.05$

4.3.3.2.4 Anxiety state according to university of the study sample

In order to investigate the university differences in Anxiety state resulting from war on Gaza among study sample (Islamic, Al-Aqsa, Al-Quds Open, Al-Azhar). One way

ANOVA was performed. As shown in the following table : the results found that there were no significant differences in anxiety state resulting from war on Gaza according to the university of the study sample , (F = 0.289, p =0.833) .

Table 4-36: One way ANOVA comparing of anxiety state according to university of the study sample

Variable	Source of variance	Sum of Squares	df	Mean Square	F-value	Sig. level
Anxiety state	Between Groups	49.802	3	16.601	0.289	0.833
	Within Groups	22671.301	395	57.396		
	Total	22721.103	398			

*p < 0.05

4.3.3.2.5 Anxiety state according to type of residence of the study sample

In order to investigate the type of residence differences in anxiety state resulting from war on Gaza among study sample (city, village, camp). One way ANOVA was performed. As shown in the following table : the results found that there were no significant differences in anxiety state resulting from war on Gaza according to the type of residence of the study sample , (F =0.836, p =0.434) .

Table 4-37: One way ANOVA comparing of anxiety state according to type of residence of the study sample

Variable	Source of variance	Sum of Squares	df	Mean Square	F-value	Sig. level
Anxiety state	Between Groups	95.537	2	47.769	0.836	0.434
	Within Groups	22625.565	396	57.135		
	Total	22721.103	398			

*p < 0.05

4.3.3.2.6 Anxiety state according to family income of the study sample

In order to investigate the family income differences in anxiety state resulting from war on Gaza among study sample (1000 NIS and less, 1001 – 2000, 2001 -3000, 3001 – 4000, more than 4000 NIS). One way ANOVA was performed. As shown in the following table : the results found that there were no significant differences in anxiety state resulting from war on Gaza according to the family income of the study sample , (F =1.725, p =0.144) .

Table 4-38: One way ANOVA comparing of anxiety state according to family income "NIS" of the study sample

Variable	Source of variance	Sum of Squares	df	Mean Square	F-value	Sig. level
Anxiety state	Between Groups	391.077	4	97.769	1.725	0.144
	Within Groups	22330.026	394	56.675		
	Total	22721.103	398			

*p < 0.05

4.4 The relations between the current study variables

4.4.1 The relation between total traumatic events and total resilience and its subscales

In order to investigate the relationship between traumatic experience and total resilience and its subscales, the researcher used Pearson correlation test. As shown in the following table : the results found that there were no significant correlation between total resilience and total traumatic events (*r*=0.06 , P =0.104) , but there were positive significant correlation between total traumatic events and total resilience subscale -trust in one's instincts , tolerance of negative affect and strengthening effects -(*r* =0.14, p (2-tailed) < .01), this mean that any increase of the exposure to the traumatic events will lead to increase of the trust in one's instincts to overcome this negative affect . In other hand the researcher found that there were negative significant correlation between total traumatic events and total resilience subscale – spiritual – (*r* =-0.13, p (2-tailed) < .01) , this mean that any increase in using spiritual will lead to decrease in influencing of traumatic events at the university students . Other subscales showed no significant correlation with total traumatic events.

Table 4-39: Correlation coefficients between total traumatic events and total resilience and its subscales

Traumatic experience		
Variable	**R**	**P**
Total resilience	0.06	0.104
Trust in one's instincts , tolerance of negative affect and strengthening effects	**0.14	0.002
Spiritual	**-0.13	0.004

** Correlation is significant at the 0.01 level (2-tailed).

4.4.2 The relation between total traumatic events and anxiety state and trait

In order to investigate the relationship between traumatic experience and anxiety state and trait, the researcher used Pearson correlation test. As shown in the following table: the results found that there were positive significant correlation between anxiety state and total traumatic experience and no correlation between anxiety trait and total traumatic events (*r* =0.14, P =0.004), (r= 0.08, P =0.07).

Table 4-40: Correlation coefficients between total traumatic events and anxiety state and trait

Total traumatic experience		
Variable	**R**	**P**
Anxiety state	*0.14	0.004
Anxiety Trait	0.08	0.07

** Correlation is significant at the 0.01 level (2-tailed).

4.4.3 The relation between total resilience and its subscales with anxiety state and trait

In order to investigate the relationship between total resilience and its subscales and anxiety state and trait, the researcher used Pearson correlation test. As shown in the following table: results suggest that there is negative significant correlation between anxiety trait and total resilience and its subscales (*r*=- 0.18, p (2-tailed) < .01). Which mean that increase of total resilience and its subscales lead to decrease in anxiety trait and vise-versa**,** and there is negative significant correlation between anxiety state and total resilience and its subscales (*r*=-0.31, p (2-tailed) < .01).

Table 4-41: Correlation coefficients between total resilience and its subscales and anxiety state and trait

Variable		**Anxiety trait**	**Anxiety state**
Total resilience	R	-0.18 **	-0.31 **
	p	.001	.001
Personal competence standards and tenacity.	R	-0.16**	-0.27**
	p	.00	.00
Trust in one's instincts , tolerance of negative affect and strengthening effects	R	-0.11*	-0.20**
	p	.03	.00
Positive acceptance of change, and secure relationships	R	-0.14**	-0.24**
	p	.01	.00
Control	R	-0.25**	-0.32**
	p	.00	.00
Spiritual	R	-0.12*	-0.22**
	p	.02	.00

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Chapter five

Implications and recommendations

5.1 Introduction

This chapter presents a discussion of the results as presented in chapter four and they are discussed in light of the research questions and objectives of the study. These findings are in line with reviewed literature, it's important to clarify the results and its relation with other studies that may be helpful in supporting our findings. A recommendations regarding to trauma, resilience and self-esteem among university students. Also recommendations for future research will be provided on the basis of the result of the current study.

5.2 Main results

- The study revealed that the total mean of traumatic experience was 4.72 (SD=3.09). While the most traumatic events due to the war on Gaza were 92.73% of study sample " Watching mutilated bodies in TV" , followed by " Witnessed the shelling and destruction of another's home" 47.37% , then " Witnessing firing by tanks and heavy artillery at neighbors homes " 47.12% and " Forced to move from home to a safer place during the war" 42.86% . While the least percent of traumatic events were " Witnessing killing of a close relative" 6.27% then " Threaten of being killed" 7.27% , and " Threatened with death by being used as human shield by the army to move from home to home" 7.52% .
- The results demonstrated that there were significant differences in traumatic events resulting from war on Gaza according to sex of the study sample , (t = 6.495 , p = .000) in favor of males , of course this means that males expose to traumatic events more than females .
- The results found that there were no significant differences in traumatic events resulting from war on Gaza according to the university of the study sample, (F =1.653 , p =0.177).
- The results found that there were no significant differences in traumatic events resulting from war on Gaza according to the type of residence of the study sample

,this mean that all of the residents in Gaza-strip either in city , village or camp were exposed equally to trauma , (F =0.197 , p =0.821) .

- The study found that there were no significant differences in traumatic events resulting from war on Gaza according to the family income of the study sample, (F =1.350, p =0.251).
- The study revealed that the total mean of total resilience and its subscales was 64.54 (SD=14.26).
- The researcher found that the highest resilience item was 80.95% of study sample " Things happen for a reason " , 74.69% " Sometimes fate or God can help (spiritual influences) which mean that the spiritual dimension had great impact on developing and strengthen resilience " and 48.12% " Pride in your achievements" . While the lowest resilience item was "See the humorous side of things "10.03%, then "Able to adapt to change"10.03%, and "Under pressure, focus and think clearly "10.53%.
- The results found that there were significant differences in total resilience according to sex of the study sample , (T = 2.293 , P = .022) and in the resilience subscale (trust in one's instincts , tolerance of negative affect and strengthening effects) (T = 3.895 , P = .000) in favor of males this means that males have got resilience especially in the trust in one's instincts , tolerance of negative affect more than females, but in other side the results found that there were no significant differences in other resilience subscales (Personal competence high standards, and tenacity - Positive acceptance of change, and secure relationships – control – spiritual) according to sex of the study sample .
- The study showed that there were significant differences in only one of resilience subscales - Trust in one's instincts , tolerance of negative affect and strengthening effects - according to the university of the study sample , (F =4.562 , p =0.004) in favor of Al-Quds Open university this due to the fact that many of Open Al-Quds students are employees .
- The results found that there were significant differences in only one of resilience subscales - Spiritual - according to the type of residence of the study sample , (F =3.047 , p =0.049) in favor of camp, which mean refugees students have spiritual dimension of resilience more than village or city .

- The results found that there were significant differences in total resilience according to the family income of the study sample (F =3.428 , p =0.009) ,and in the two subscales - Personal competence high standards, and tenacity (F= 3.735 , P=.005) and - Trust in one's instincts , tolerance of negative affect and strengthening effects (F = 2.420 , P = .048) in favor of 3001-4000 NIS monthly income , but in the remain resilience subscales the results found that there were no significant differences according to the family income of the study sample .
- The study revealed that the mean of anxiety state that university students expose, was 46.62.
- The researcher found that the highest state items frequency of study sample 25.56% were "I am worried about the bad luck" followed by 24.56% "I feel nervous", then "I am much anxious and nervous" 20.80% and "I feel tense" 18.55%. While the least percent of state items frequency were " I feel I am indecisive " 4.26% then " I feel self confidence " 4.26% as they answer it "not at all ", and " I feel satisfy " 8.27% as they answer it "not at all ".
- The results found that there were no significant differences in anxiety state according to sex of the study sample, (t = -1.30, p = 0.14).
- The results found that there were no significant differences in anxiety state resulting from war on Gaza according to the university of the study sample , (F = 0.289, p =0.833) .
- The researcher found that there were no significant differences in anxiety state resulting from war on Gaza according to the type of residence of the study sample , (F =0.836, p =0.434) .
- The results found that there were no significant differences in anxiety state resulting from war on Gaza according to the family income of the study sample , (F =1.725, p =0.144) .
- The study revealed that the mean of the anxiety trait that university students expose was 44.90.
- The researcher found that The highest trait items frequency of study sample 38.35% were " I wish I could be as happy as others seem to be ", followed by " I get in a state of tension or turmoil as I think over my recent concerns and interests " 21.80%, then " I take disappointments so keenly that I can’t put them out of my

mind " 15.29%, and " I make decisions easily " 14.79% as they answer it "not at all ". While the least percent of trait items frequency were " I feel like a failure " 3.76% and " I feel satisfied with myself " 3.76% as they answer it "not at all ", then " I lack self-confidence " 4.76%.

- The results found that there were no significant differences in Anxiety trait according to sex of the study sample, (t = -4.2, p = 0.28).
- The results found that there were no significant differences in Anxiety trait resulting from war on Gaza according to the university of the study sample, (F = 2.179, p =0.09).
- The results found that there were no significant differences in anxiety trait resulting from war on Gaza according to the type of residence of the study sample, (F = 0.364, p =0. 695).
- The results found that there were no significant differences in anxiety trait resulting from war on Gaza according to the family income of the study sample, (F =0.429, p =0.788).
- The researcher found that there were no significant correlation between total resilience and total traumatic events (*r*=0.06 , P =0.104) , but there were positive significant correlation between total traumatic events and total resilience subscale - trust in one's instincts , tolerance of negative affect and strengthening effects -(*r* =0.14, p (2-tailed) < .01), this mean that any increase in the exposure to the traumatic events will lead to increase of the trust in one's instincts to overcome this negative affect . In other hand the researcher found that there were negative significant correlation between total traumatic events and total resilience subscale – spiritual – (*r* =0-.13, p (2-tailed) < .01) , this mean that any increase in using spiritual will lead to decrease in influencing of traumatic events at the university students . Other subscales showed no significant correlation with total traumatic events.
- The results found that there were significant correlation between anxiety state and total traumatic experience and no correlation between anxiety trait and total traumatic events (*r* =0.14, P =0.004), (r= 0.08, P =0.07).
- The results found that there was negative significant correlation between anxiety trait and total resilience and its subscales (*r*=- 0.18, p (2-tailed) < .01). Which mean that any increase of total resilience and its subscales will lead to decrease in anxiety

trait and vise-versa**,** and there was negative significant correlation between anxiety state and total resilience and its subscales (r=-0.31, p (2-tailed) < .01). Which mean that any increase of total resilience and its subscales will lead to decrease in anxiety state and vise-versa**.**

5.3 Discussion

We'll discuss our findings in a manner of answering the research questions.

The first research question of the study was to examine the rate of the traumatic experiences among university students. It was found that 92.73% of the participants experienced at least one traumatic event. The researcher attributed these finding to the comprehensiveness of the war on all parts of the Gaza-Strip.

Consistent with the present study most of the studies that examined trauma found high rate traumatic event. In Gaza strip 99% of children experienced at least one traumatic event (Altawil, et al., 2008). In Sweden, 80.8 % of the participants represents general population experienced at least one traumatic event (Frans, et al., 2005). Amir and Sol (1999) found that 67 % of undergraduates reported one event while 37 % of them reported more than one trauma. In Japan, the traumatic events in life time were revealed as 80 % of college students (Mizuta, et al., 2005). Civilian war survivors in Kosovo showed high prevalence of traumatic experiences (83%) with high psychological distress (Nexhmedin, M., Gernot, C., 2006). 66% of college students reported exposure to a criterion A trauma. (Jennifer, P., et al., 2011). And the study of New-Zealand adults revealed that 61% of the sample experienced trauma events in their lifetime (Nikolaos, K., et al., 2010).

The study revealed that the total mean of traumatic experience was 4.72 (SD=3.09).

While in the study of Thabet, et al. (2008) found that subjects reported a mean number of 7.7 traumatic events, and the study of El-Buhaisi (2010) found that subjects reported a mean number of 13.3 traumatic events. The researcher attributed these finding to the time of studies conduction, the study of Thabet et al. (2008) was conducted few months before the war on Gaza, at that time the Israeli aggression sometimes raised and sometimes diminished. And the study of El-Buhaisi (2010) was conducted immediately after the end of the war where the shock was still fresh in front of the respondents so the mean of

traumatic events was high. while in our present study which conducted two and half year after the war ended with almost complete calm of Israeli aggression and violence, which led to lower the mean of traumatic events of the respondents .

The second research question of the study was to examine the type of the traumatic experiences among university students. It was found that 92.73 of study sample "Watching mutilated bodies in TV". The researcher attributed these finding to the widespread interest by the population in the Gaza Strip to follow up the news of the war through the media, especially that most citizens were banned from going out of their homes as well as on the availability of television in every home. The second traumatic events were "Witnessed the shelling and destruction of another's home" 47.37%, as we said earlier that's due to the comprehensiveness of the war on all parts of the Gaza strip. Then " Witnessing firing by tanks and heavy artillery at neighbors homes " 47.12% and " Forced to move from home to a safer place during the war" 42.86% . While the least percent of traumatic events were " Witnessing killing of a close relative" 6.27% then " Threaten of being killed" 7.27% , and " Threatened with death by being used as human shield by the army to move from home to home" 7.52%.

Our findings are consistent with finding that El-Buhaisi (2010) had in his study about the psychological effects among adolescents exposed to war on Gaza , he found that the most traumatic events due to war on Gaza was 90.8 % of adolescents " Watching mutilated bodies in TV" . Another study conducted in Gaza strip found that 99% of children had suffered humiliation (either to themselves or a family member); 97% had been exposed to the sound of explosions/bombs; 85% had witnessed a martyr's funeral and 84% had witnessed shelling by tanks, artillery, or military planes (Altawil, et al., 2008).

But in other side the types of trauma were varied according to the country in which the participants were living in. In Munich/Germany, a study showed that the most frequent events were physical attack, serious accident, witnessing traumatic events of others (Perkonigg, et al., 2000). In Mexico, the most frequent events were bereavement, witnessing someone injured or killed, life threatening accident and physical assault (Norris, et al., 2003). A third study In Sweden, among 1824 people which represents general population. The most frequent events were traffic road accidents, robbery, physical assault (Frans, et al., 2005). Undergraduate students In US study revealed that the most frequent events were natural disaster, serious accident, witnessing serious injury or death (Bernat, et

al., 1998). And last study conducted in Japan, the most frequent events that college students exposed to were natural disaster (Mizuta, et al., 2005).

The third research question of the study was to examine the type of resilience among university students.

The study revealed that the total mean of total resilience and its subscales was 64.54.

Consistent with our study Nouraldeen Salah (2008) was conducted a study to investigate the level of resiliency among the high school students. The rate of psychological resiliency for his study was 64.5%.

Unlike our findings a study which conducted in Gaza Strip to analyse the prevalence of resilience among Palestinian children, the results revealed a 25% prevalence of resilient children (Thabet, A., et al. 2009a).

The researcher found that the highest resilience item was 80.95% of study sample "Things happen for a reason", 74.69% "Sometimes fate or God can help" (spiritual influences) which mean that the spiritual dimension had great impact on developing and strengthen resilience. Of course, because most of the Palestinian people religious by nature, making them turn to God in times of crisis and adversity and 48.12% "Pride in your achievements". While the lowest resilience item was "See the humorous side of things "10.03%, then "Able to adapt to change"10.03%, and "Under pressure, focus and think clearly "10.53%.

The fourth research question of the study was to examine the type of self-esteem among university students.

There are two types of self-esteem were examined, anxiety state and anxiety trait.

The study revealed that the mean of anxiety state that university students expose was 46.62.

The study revealed that the mean of the anxiety trait that university students expose was 44.90.

The researcher found that the highest state items frequency of study sample 25.56% were "I am worried about the bad luck" followed by 24.56% "I feel nervous", then "I am much anxious and nervous" 20.80% and "I feel tense" 18.55%. While the least percent of state items frequency were " I feel I am indecisive " 4.26% then " I feel self confidence " 4.26% as they answer it "not at all ", and " I feel satisfy " 8.27% as they answer it "not at all ".

The researcher found that The highest trait items frequency of study sample 38.35% were " I wish I could be as happy as others seem to be ", followed by " I get in a state of tension or turmoil as I think over my recent concerns and interests " 21.80%, then " I take disappointments so keenly that I can't put them out of my mind " 15.29%, and " I make decisions easily " 14.79% as they answer it "not at all ". While the least percent of trait items frequency were " I feel like a failure " 3.76% and " I feel satisfied with myself " 3.76% as they answer it "not at all ", then " I lack self-confidence " 4.76%.

A study conducted to estimate the prevalence of anxiety and its relationship with self-esteem among students at the University of Zabol in Iran. The Cattell Anxiety Inventory and the Coopersmith Self- Esteem Inventory were used to conduct a cross-sectional study involving 400 students within an age range of 18 to 31. According to the results, the prevalence of anxiety among these students was measured at a level of 83% and a significant negative relationship was found to exist between anxiety and self-esteem (Asadi S., A., et al., 2010).Another study of Emil, Serap (2003) which was conducted to examine the relationship between self-esteem score of university students and stressful life events. It was found that there were 302 students (88.6 %) with high self-esteem level, while there were 39 students (11.4 %) with low self-esteem level.

The fifth research question of the study was to examine the relationship between exposure to the traumatic experiences, resilience and self-esteem.

The researcher found that there were no significant correlation between total resilience and total traumatic events , but there were positive significant correlation between total traumatic events and total resilience subscale (trust in one's instincts , tolerance of negative affect and strengthening effects) , this mean that any increase in the exposure to the traumatic events will lead to increase of the trust in one's instincts to overcome this negative affect .The researcher attributes this to the Palestinian people, including college students that they no longer have confidence in either Arab governments or even in the Palestinian local governments to change the status of the continued aggression and siege on the Palestinian people, but have come to their abilities and competencies of self to overcome these difficulties .

In other hand the researcher found that there were weak negative significant correlation between total traumatic events and total resilience subscale (spiritual) , this mean that any increase in trauma exposure will lead to decrease in spiritual state of the university

students. This is confusing results because Moslem people resort to God in times of crisis and adversity , so the researcher suggests further studies to clarify it.

Researcher believes that the lack of correlation between total traumatic events and total resilience at the same time the presence of correlation between total traumatic events and total resilience whether positive or negative is illogic, The researcher attributed that to the fact that the relationship is very weak. Other subscales showed no significant correlation with total traumatic events.

Consistent with the present study Thabet, A., et al. (2009a) conducted the study in Gaza Strip to analyze the prevalence and function of resilience among Palestinian children; they analyzed the role of resilience characteristics of commitment, control and challenge in protecting children's mental health from negative impacts of trauma. The participants were 386 Palestinian children and adolescents from Gaza (52.07% boys and 47.93% girls). Resilience characteristics protected children's mental health from trauma, e.g., military trauma was less associated with PTSD and anxiety among children showing high commitment. Another study also consistent with the present study for Nouraldeen Salah (2008) were conducted to investigate the relationship between psychological resiliency and trauma for 500 children at six different schools in Gaza city and north of Gaza strip. The results showed that there was no relationship between resiliency and, trauma. The researcher thinks that many people in Palestine have strong and resilient personalities despite their living in stressed environment.

The results found that there were significant correlation between anxiety state and total traumatic events and no correlation between anxiety trait and total traumatic events.

Researcher attributed this relationship to the fact that most university students- as we have seen in the results- were exposed to traumatic experiences and the exposure is still present, where daily bombardments , the martyrs and the choking siege of the Gaza Strip, all of the above led to increased either state or trait anxiety among university students. The relation with anxiety state is clear and significant but the relation with anxiety trait is not significant, we attributed this finding to the fact that differences in two anxieties (significant) is few, and there is another reason, the study was conducted while there was only two weeks remained for the final exams for students, and this explains why- in addition to the above factors- the relationship between anxiety state and traumatic experiences were significant.

Unlike our present study, a study was conducted in university students of traumatized (n = 26) versus non-traumatized (n = 30) college students. Traumatized individuals reported more trait anxiety and lower self-esteem than non-traumatized individuals (Bunce, et al., 1995).

The results found that there were negative significant correlation between anxiety state and anxiety trait and total resilience and its subscales. Which mean that increase of total resilience and its subscales lead to decrease in anxiety state and trait and vise-versa**.** This is true because the use of resilience mechanisms release the student from psychological distress, tension and anxiety, which reduces the two types of anxiety state and trait.
But the question is exist : why the relation between resilience subscale –spiritual- and both anxieties state and trait are weak ? This is a confusing matter. People belief that everything happens by the fate of God , this belief gives a person a feeling of comfort and reassurance which help him to overcome anxieties. There is no logical explanation for the previous result, which calls for further studies to explore this phenomenon .

The sixth research question of the study was to examine the relationship between traumatic experiences and socio-demographic variables.
The results demonstrated that there were significant differences in traumatic events resulting from war on Gaza according to sex of the study sample in favor of males, of course this means that males expose to traumatic events more than females. The researcher attributed this finding to the nature of Palestinian people's character, the men are dominate and allowed to be more free and stay much time out of home and participate more than females in dangerous activities.
This finding was supported with many studies. Studies of war veterans show that males face far more combat related trauma than females (Schnurr & Lunney, 2008; Turner, et al., 2007). Males report more exposure to trauma than females: 51.3% versus 44.1% (Hanson, et al., 2008). In civilian populations, physical violence has a gender bias. In a study in Germany, men were found to be more likely to be physically threatened, attacked, injured or tortured, and were more often exposed to serious accidents than women (Hapke, et al., 2006). El-Buhaisi (2010) found in his study that there were significant differences in traumatic events resulting from war on Gaza according to sex of the study sample in favor of males.

The results found that there were no significant differences in traumatic events resulting from war on Gaza according to the university of the study sample .The researcher attributed this finding to the fact that all civilians in Gaza strip were target to Israeli violence, and the other reason is the presence of the four universities mentioned earlier at the same region, therefore, any event affecting one university, will affect the other universities.

The results found that there were no significant differences in traumatic events resulting from war on Gaza according to the type of residence of the study sample. The researcher attributed this finding to the fact that all of the residents in Gaza-strip either in city, village or camp were exposed equally to trauma.

Unlike our findings El-Buhaisi (2010) found in his study that there were significant differences in traumatic events resulting from war on Gaza according to type of residence of the study sample in favor of village.

The study found that there were no significant differences in traumatic events resulting from war on Gaza according to the family income of the study sample. The researcher attributed this finding to the fact that Israeli violence affects all Palestinian socio-economic classes and did not differentiate between rich and poor, or families with high or low-income.

Unlike our findings El-Buhaisi (2010) found in his study that there were significant differences in traumatic events resulting from war on Gaza according to family income of the study sample in favor of family income (2001 – 3000 NIS).

The seventh research question of the study was to examine the relationship between resilience and socio-demographic variables.

The results found that there were significant differences in total resilience according to sex of the study sample and in the resilience subscale (trust in one's instincts , tolerance of negative affect and strengthening effects) in favor of males this means that males have got resilience especially in the trust in one's instincts , tolerance of negative affect more than females, but in other side the results found that there were no significant differences in other resilience subscales (Personal competence high standards, and tenacity - Positive acceptance of change, and secure relationships – control – spiritual) according to sex of the study sample . As noted previously, the males expose more than females to trauma, and this give them the required experience which make them more resilient and in other hand,

the Palestinian community is eastern in nature and gives advantage to the male from a young age, which instills a confidence and trust in his capabilities and instincts.

But the result of Nouraldeen Salah (2008) study was differ from our result , he conducted a study which investigated the relationship between psychological resiliency and trauma, among the high school students , and the result showed that there were a difference in the resiliency depending on the gender in favor of females.

The study showed that there were significant differences in only one of resilience subscales - Trust in one's instincts, tolerance of negative affect and strengthening effects - according to the university of the study sample, in favor of Al-Quds Open university this due to the fact that many of Al-Quds Open students are employees and receive salaries which make them feel that they rely on themselves to meet the requirements of their study.

The results found that there were significant differences in only one of resilience subscales - Spiritual - according to the type of residence of the study sample in favor of camp, which mean refugees students have spiritual dimension of resilience more than village or city. The lack of a leisure and entertainment centers in the Gaza camps as it is in cities, make the students living in the camps more spiritual than others, and from other hand living in the camps means patience, tolerance and hard living which acquire them the ability to struggle to survive. As well as the people in the camps live in extended families which enhance the strong relationship and family cohesion which in turn promotes the individual resiliency.

Our findings are consistent with finding that Nouraldeen Salah (2008) had in his study about the relationship between psychological resiliency and trauma, among the high school students , he found that there was a relationship between resiliency and place of residence where as the students who live in camps have resiliency more than the students who live in towns.

The results found that there were significant differences in total resilience according to the family income of the study sample, and in the two subscales - Personal competence high standards, and tenacity and - Trust in one's instincts, tolerance of negative affect and strengthening effects in favor of 3001-4000 NIS monthly income, but in the remain resilience subscales the results found that there were no significant differences according to the family income of the study sample. The researcher attributed this finding to the fact that the students who live in high socio-economic class have economic stability which make them feel with satisfaction and not fear from the burdens of life, and more able to

face the troubles and the stressful life events, all which mentioned above make them more resilience than students who live in families with low socio-economic class.

Our findings are consistent with the finding that Nouraldeen Salah (2008) had in his study mentioned above , he found that the students whose families income level more than 2000 NIS , have more resiliency ability than the students whose families income level less than 1000 NIS .

The eighth research question of the study was to examine the relationship between self-esteem and socio-demographic variables.

The results found that there were no significant differences in anxiety state or trait according to sex of the study sample.

The researcher attributed this finding to the fact that anxiety state measures the students' emotional state at the same time that both male and female students are within the university, and therefore what affects the male affect female.

Consistent with our present study, Emil, Serap (2003) conducted a study to examine the difference between male and female according to the self-esteem. The result showed that there was no significant difference between male and female on the self-esteem score. With respect to self-esteem. Another study of Al Zogbi, A. (1997) compared the level of anxiety as a state and a trait among 100 male and 100 female in various faculties at Sana'a University in Yemen. The result showed that there was no difference in the level of anxiety as a state or a trait between the two sexes. A study of Lubbad (2009) which conducted to examine the impact of siege on prevalence of anxiety among university students, he found that there was no significant difference in anxiety according to sex.

But unlike our findings. A study was conducted to estimate the prevalence of anxiety and its relationship with self-esteem among students at the university of Zabol in Iran. The result found that females suffered significantly greater anxiety than males and males measured significantly higher on self-esteem than females (Asadi, S., et al., 2010). Another study was conducted to understand better anxiety among adolescents in Kolkata city, India, a group of 460 adolescents (220 boys and 240 girls), aged 13-17 years were recruited to participate in the study. Results showed that anxiety was prevalent in the sample with 20.1% of boys and 17.9% of girls found to be suffering from high anxiety. More boys were anxious than girls (Deb Sibnath, et al., 2010). Another study was conducted in order to investigate gender differences in anxiety among 3,064 volunteer undergraduates recruited

from 10 Arab countries; Kuwait, Saudi Arabia, Emirates, Oman, Egypt, Syria, Lebanon, Palestine (Nablus and Gaza), Jordan and Iraq. The ages of all the participants ranged between 18 and 25. It was found that females had higher mean anxiety scores than did their male counterparts in all 10 countries. However, significant differences were found in 7 out of the 10 countries. (Abdel-Khalek, A., & Alansari, B., 2005). El-Buhaisi (2010) found that there were significant differences in anxiety according to sex in favor to females.

The results found that there were no significant differences in Anxiety state or trait resulting from war on Gaza according to the university of the study sample. The researcher attributed this finding to the fact that the Palestinian society is not differ depending on the type or name of the university where circumstances are the same circumstances and suffering is the same suffering because stimuli are the same stimuli and events are the same events .

Unlike our findings. A study of Lubbad (2009) found that there were significant difference in anxiety according to the university, the lowest anxiety effect was on Islamic university but the high anxiety effect was on Al Quds Open university.

The researcher found that there were no significant differences in anxiety state or trait resulting from war on Gaza according to the type of residence of the study sample. The researcher attributed this finding to the fact that the same causes which stimulate anxiety are present in towns, villages or camps.

Consistent with the present study El-Buhaisi (2010) study found that there were no significant differences in anxiety resulting from war on Gaza according to the type of residence of the study sample.

But unlike our findings. A study of Lubbad (2009) found that there was a significant difference in anxiety according to the type of residence.

The results found that there were no significant differences in anxiety state or trait resulting from war on Gaza according to the family income of the study sample. The researcher attributed this finding to the fact that families with low socio-economic class receive aids from United Nation agency or other local organization which make them achieve the basic needs and requirements and that diminish pressures and anxiety.

Consistent with the present study El-Buhaisi (2010) study found that there were no significant differences in anxiety resulting from war on Gaza according to the family income.

Unlike our findings in our study .A study of Deb, S., et Al. (2010) revealed that adolescents belonging to the middle class (middle socio-economic group) suffered more anxiety than those from both high and low socio-economic groups. Another study which conducted by Lubbad (2009) found that there was a significant difference in anxiety according to the family income.

5. 4 Recommendations

- The university should form reciprocal relationships with community-based organizations, social service agencies, as well as business and community volunteers. Students ought to be given the opportunity to serve in their communities and form relationships with adults in different sectors of the community.
- It is necessary to provide therapeutic intervention program such as crisis intervention for students who was affected directly from Israeli violence, or those who are at risk.
- Generation counseling department in every university and the staff mission is to give lectures that talk about the psychological problems associated with the trauma. Those counselors work to educate and train students on how to deal with these psychological problems and how to overcome them.
- Open channel of communication between all universities in Palestine to identify the steps that were taken by some universities to mitigate the effects of trauma and circulated it to the rest of the universities to take advantage of it.
- Encourage exercises or learn relaxation techniques or meditation for students in order to relax and feel rejuvenated, conduct games in different sports either among faculties in the same university or between universities.
- Provide orientation period and during this period, students can be shown a film on the life of a successful first year student during the academic year. The film can address more about what the university wishes to advocate.
- Highlight the results of this study and dissemination to expose the Israeli practices against the Palestinian people.
- International court of justice must force Israel to stop waging wars and killing innocent civilians and unarmed Palestinian people and compel it to respect human rights agreements.

5. 5 suggestions for future research

- Comparative studies between universities of Gaza and west bank regarding the rate and type of the traumatic experiences among university students.
- Comparative studies between universities of Gaza and west bank regarding the type of resilience, self-esteem among university students.

- Studies concerning the relationship between anxiety in general and examinations anxiety in particular of t university students.
- Study the effect of other personality variables and their interactive nature with traumatic experiences, resilience and self-esteem.
- Study the effects of anxiety related trauma on the academic achievements among university students.
- Study the relation between spiritual subscale and both anxieties state and trait .

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Annex 1

Helsinki committee approval letter

Palestinian National Authority
Ministry of Health
Helsinki Committee

السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ: 07/03/2011

Name: **Saed Abu Sultan**

الاسم: سعيد أبو سلطان

I would like to inform you that the committee has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:-

"The impact of Traumatic experiences resulting from the war on Gaza on –self-esteem and resilience among University students".

In its meeting on March 2011
and decided the Following:-
To approve the above mention research study.

و ذلك في جلستها المنعقدة لشهر 3 2011
و قد قررت ما يلي:-
الموافقة على البحث المذكور عاليه.

Signature
توقيع

Member
عضو

Member
عضو

Chairperson

Conditions:-

- Valid for 2 years from the date of approval to start.
- It is necessary to notify the committee in any change in the admitted study protocol.
- The committee appreciate receiving one copy of your final research when it is completed.

Annex 2

Permission letter from Al-Quds University to Islamic University of Gaza

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

2011/4/9

حضرة الأستاذ الدكتور/ كمالين شعت المحترم
رئيس الجامعة الاسلامية
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب سعيد أبو سلطان

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" *The Impact of Traumatic experiences resulting from the war on Gaza on-self-esteem and resilience among University students* "

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وسنطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،

د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس – غزة

عبد العزيز موسى ثابت
مدير البرامج الأكاديمية

2011/4/25

نسخة/ الملف

Jerusalem Branch/Telefax 02-24799234
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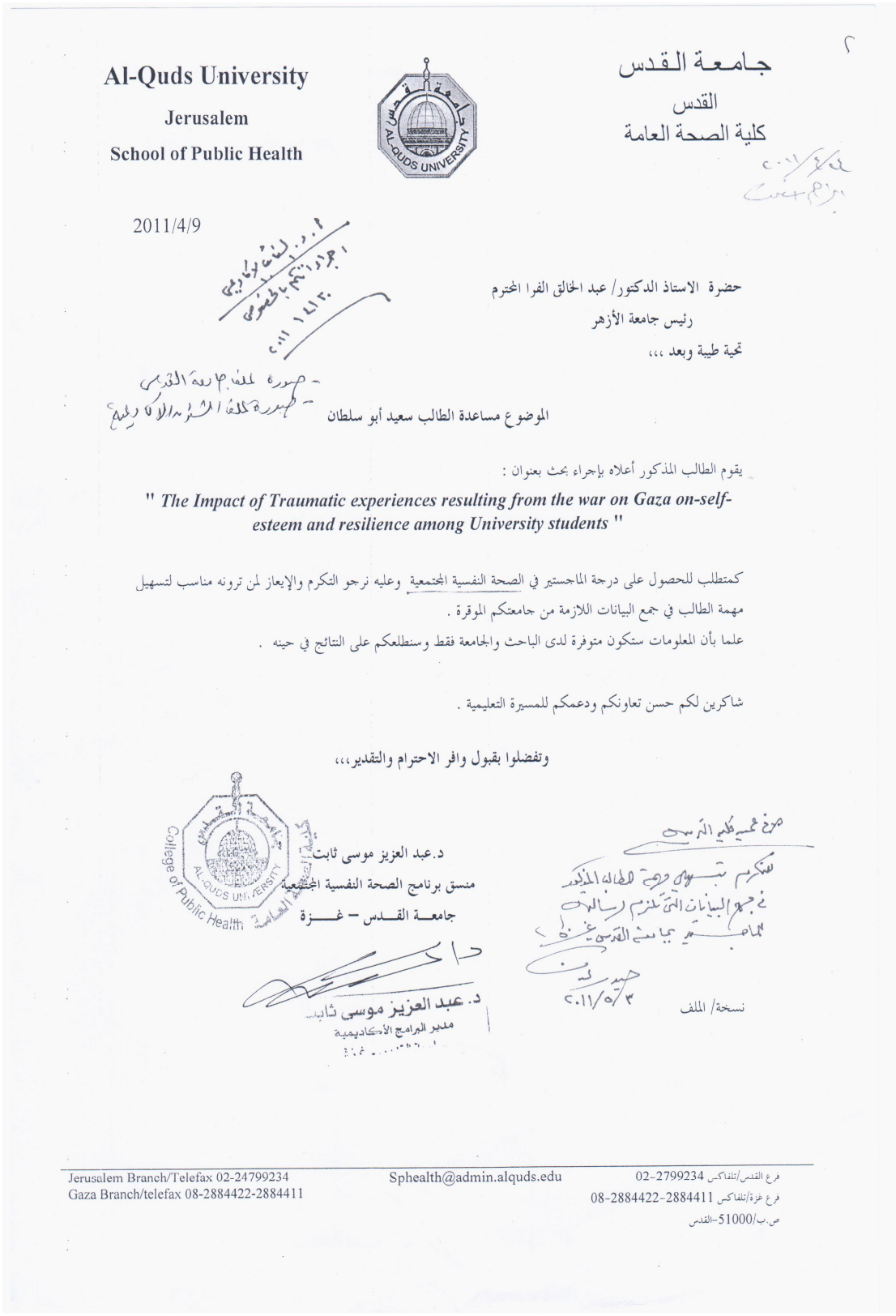
ص.ب/51000-القدس

Annex 3

Permission letter from Al-Quds University to Al-Azhar University



Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

2011/4/9

حضرة الاستاذ الدكتور/ عبد الخالق الفرا المحترم
رئيس جامعة الأزهر
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب سعيد أبو سلطان

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" *The Impact of Traumatic experiences resulting from the war on Gaza on-self-esteem and resilience among University students* "

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وسنطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،

د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس – غزة

د. عبد العزيز موسى ثابت
مدير البرامج الأكاديمية

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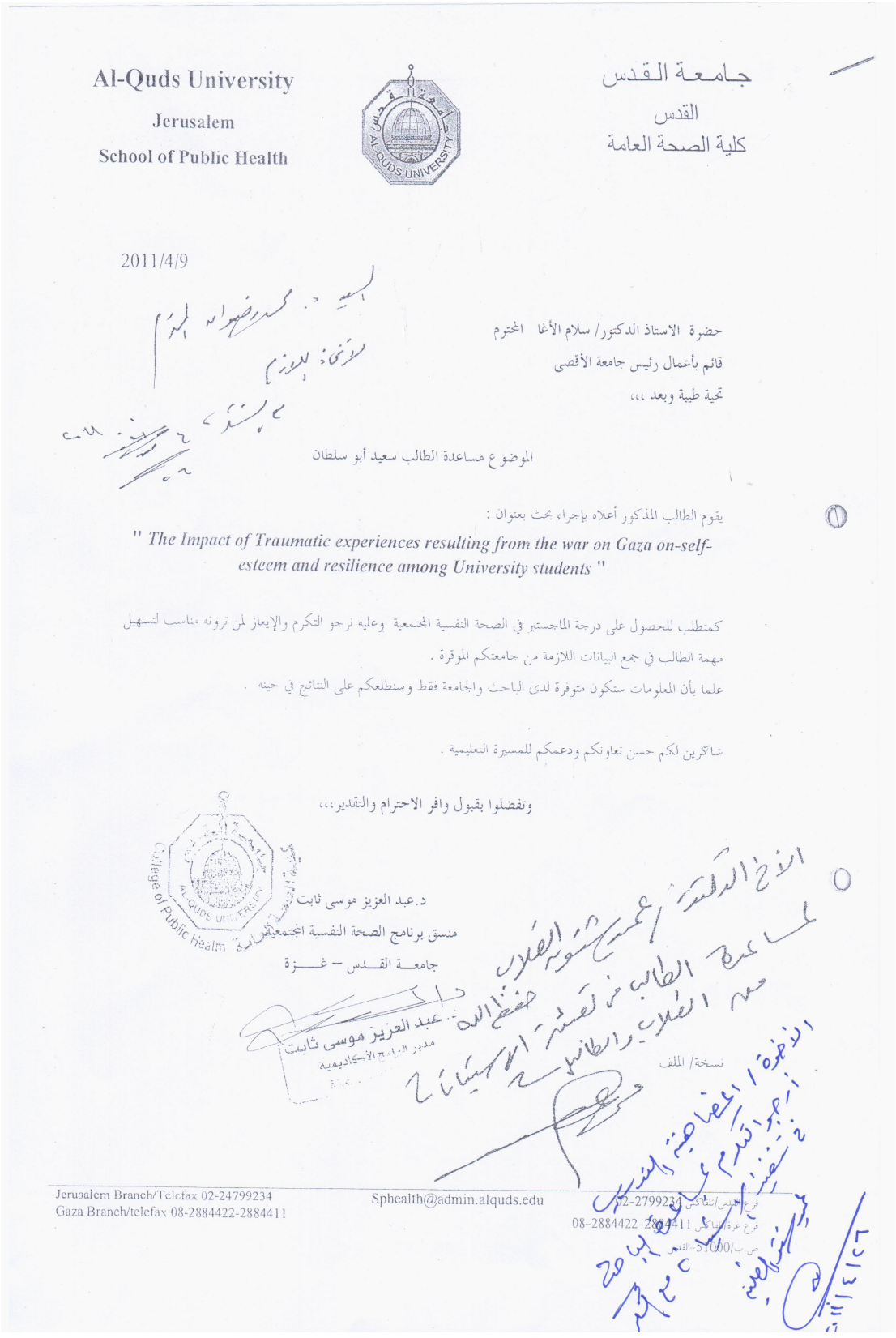
فرع غزة/تلفاكس 08-2884422-2884411
ص.ب/51000-القدس

Annex 4

Permission letter from Al-Quds University to Al-Aqsa University



Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

2011/4/9

حضرة الاستاذ الدكتور/ سلام الأغا المحترم
قائم بأعمال رئيس جامعة الأقصى
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب سعيد أبو سلطان

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" *The Impact of Traumatic experiences resulting from the war on Gaza on-self-esteem and resilience among University students* "

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن تروونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وستطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،

د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس – غزة

عبد العزيز موسى ثابت
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Sphealth@admin.alquds.edu

Annex 5

Permission letter from Al-Quds University to Al-Quds Open University

Jerusalem
School of Public Health

القدس
كلية الصحة العامة

2011/4/9

مكتب نائب الرئيس لشؤون قطاع غزة
25.04.2011
الرقم: 1873/2011/ن/
المرفقات: 5

حضرة الدكتور/ جهاد البطش المحترم
نائب الرئيس لشئون قطاع غزة – جامعة القدس المفتوحة
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب سعيد أبو سلطان

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" *The Impact of Traumatic experiences resulting from the war on Gaza on-self-esteem and resilience among University students* "

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وسنطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،

College of Public Health

د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس – غزة

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ص.ب/51000-القدس

Annex 6

Questionnaires cover page

بسم الله الرحمن الرحيم

عزيزي الطالب – الطالبة ..... تحية طيبة و بعد،

يقوم الباحث بإجراء دراسة بعنوان تأثير الخبرات الصادمة الناتجة من الحرب على غزة على الصلادة النفسية وتقدير الذات لدى طلاب الجامعات في قطاع غزة ، حيث أن هذه الدراسة هي لاستكمال متطلبات بحث التخرج لدراسة ماجستير الصحة النفسية المجتمعية بجامعة القدس – أبو ديس .

ويهدف الباحث من خلال هذه الدراسة للتعرف على مدى تأثر طلاب الجامعات بالخبرات الصادمة التي تعرضوا لها وهل أثرت إيجابا أو سلبا على صلادتهم النفسية وتقديرهم لذاتهم .

يؤمل منكم الاطلاع علي تعليمات و فقرات هذه الأدوات و الاستجابة لها بدقة و أمانة و حرص مع العلم أن نتائج هذه الأدوات لن تستخدم إلا لأغراض البحث العلمي، لذا لا داعي لكتابة الاسم.

ملاحظة: المشاركة في البحث اختيارية وليست إجبارية.

ولكم جزيل الشكر

الباحث/

سعيد أبو سلطان

Annex 7

Socio-demographic Information Sheet

أولا / البيانات الديموغرافية .

1- الجامعة---------- 2- الكلية---------- 3-العمر ----------

4- الجنس □ ذكر □ أنثى

5- مكان السكن (محافظة) □ الشمال □ غزة □ الوسطى □ خانيونس □ رفح .

6- نوع السكن □ مدينة □ مخيم □قرية

7- عدد أفراد الأسرة □ 1 – 4 □ 5-7 □ 8 فما فوق

8- تعليم الأب□ لم يتعلم □ ابتدائي □ إعدادي □ ثانوي □دبلوم □جامعي □دراسات عليا.

9- تعليم الأم □ لم تتعلم □ ابتدائي □ إعدادي □ ثانوي □دبلوم □جامعي □دراسات عليا.

10- عمل الأب □ لا يعمل □ عامل عادي □ حرفي (ذو حرفة) □موظف □تاجر □ أخرى .

11- عمل الأم □ربة بيت □موظفة □غير ذلك (حدد) .

12- مقدار الدخل الشهري للأسرة (بالشيقل) .

□اقل من 1000 □ 1001 – 2000 □ 2001-3000 □ 3001-4000 □ أكثر من 4000

Annex 8

Gaza Traumatic Events Checklist for war on Gaza

ثانيا / مقياس الخبرات الصادمة في غزة الناتجة عن الحرب على غزة في سنة 2009

عزيزي/تي: من فضلك اجب عن الأسئلة المرفقة و التي تقيس ما تعرضت له في فترة الحرب على غزة من قبل الجيش الصهيوني و التي استمرت لمدة 23 يوم ما بين ديسمبر 2008 إلى يناير 2009 .

	الحدث أو الخبرة الصادمة	نعم	لا
1	مشاهدة استشهاد صديق أو قريب لك أمامك		
2	مشاهدة استشهاد أب أو أخ أو أخت لك أمامك		
3	مشاهدة إصابة صديق أو قريب لك أمامك بالرصاص أو شظايا القنابل		
4	مشاهدة إصابة أب أو أخ أو أخت لك أمامك بالرصاص أو شظايا القنابل		
5	مشاهدة بيت جيرانكم و هو يهدم ، و يدمر من القصف أو الجرافات		
6	مشاهدة بيوت الجيران و هي تقصف بالمدفعية الثقيلة والرشاشات، و الطائرات.		
7	مشاهدة بيتكم وهو يقصف بالمدفعية الثقيلة، والرشاشات، و الطائرات		
8	مشاهدة صور الجرحى و الأشلاء والشهداء في التلفزيون		
9	تعرضك للإصابة بشظية قنبلة أو صاروخ أو الرصاص		
10	تعرضك للاحتجاز في البيت		
11	تعرضك للضرب والإهانة		
12	تعرضك للحرمان من الماء و الأكل و الكهرباء و الذهاب لدورة المياه		
13	تعرضك لإطلاق النار من قبل الجيش الصهيوني بقصد التخويف		
14	تعرض أغراضك الشخصية للتدمير و التكسير والنهب		
15	تعرضك للتهديد شخصياً بالقتل		
16	تعرضك للخطر الشديد باستخدامك كدرع بشري للقبض على جار لكم		
17	تعرضك لترك بيتكم مع عائلتك وأقاربك		
18	تعرضك للإصابة بالحرق بالقنابل العادية و الفسفورية		

هل تعرضت لخبرات أخري ؟ اذكرها

_____

Annex 9

Connor-Davidson Resilience Scale

ثالثا / مقياس الصلادة النفسية

يتعرض بعض الأشخاص لصعوبات حياتية يومية وما مر به الشعب الفلسطيني من حرب على القطاع اثر بصورة كبيرة عليه، هذا وتتنوع طرق التكيف مع هذه الخبرات الصادمة والحروب. برجاء وضع علامة صح في خانة الإجابة التي تدل على ما تراه مناسبا لك في مثل هذه المواقف.

الرقم	البنود	ليس صحيحا على الإطلاق	نادرا ما يكون صحيحا	بعض الأحيان صحيحا	معظم الوقت صحيح	طوال الوقت صحيح
1	اقدر على التكيف مع التغيرات السريعة في الحياة					
2	اشعر بأنني قريب من الآخرين وقادر على عمل علاقات جيدة وسليمة					
3	إيماني بالله يساعدني كثيرا في وقت الأزمات					
4	لدي القدرة على التعامل مع أي طارئ يحدث في حياتي					
5	نجاحاتي السابقة في التغلب على الأزمات تزيدني ثقة في مواجهة التحديات الجديدة					
6	أرى الجانب المضئ من المشاكل التي تحدث					
7	التكيف مع الضغط النفسي الناتج عن المشاكل يقويني					
8	أتعلم من إصابتي بالمرض والمصائب على الصبر					
9	تحدث الأشياء بقدر الله					
10	أقوم بما اقدر عليه مهما كانت النتائج الناتجة					
11	أحقق الأهداف التي وضعتها في حياتي					
12	بالرغم من تأكدي من أن ما أقوم به لحل المشاكل غير مجدي فإنني لا استسلم بسهولة					
13	اعرف لمن أتوجه في طلب المساعدة في الأزمات					
14	أركز وأفكر أفضل عندما أكون واقع تحت ضغط نفسي					
15	أفضل أن اخذ دور القيادة في حل مشاكلي					
16	عندما افشل فإنني لا أحبط					
17	أفكر في نفسي كشخص قوي قادر على حل مشاكله بنفسه					
18	استطيع القيام بقرارات صعبة وغير عادية					
19	اقدر على التعامل مع مشاعري وأحاسيسي السيئة					
20	أقوم بفعل ايجابي في وقت الأزمات					
21	أحس بأنني مهم وقوي					
22	استطيع السيطرة على حياتي					
23	أحب التحديات في الحياة					
24	أقوم بالعمل لتحقيق الأهداف بغض النظر عن العقبات التي تعترضني أثناء السير					
25	افتخر بما أقوم به من عمل					

Annex 10

State-Trait Anxiety Inventory STAI (Spielberger)

رابعا / مقياس تقدير الذات

Anxiety state (قلق الحالة)

فيما يلي عدد من العبارات التي اعتاد الناس وصف أنفسهم بها، اقرأ كل عبارة ثم ضع علامة صح داخل المربع المناسب لك لتبين ما الذي تشعر به **فعلا الآن، أي في هذه اللحظة**. ليس هناك إجابات صحيحة وأخرى خاطئة ولا تقض وقتا طويلا في أي عبارة منها ولكن ضع الإجابة التي تبدو أنها تصف **مشاعرك الحالية** على أفضل وجه .

الرقم	العبارة	لا مطلقا	إلى حد ما	بدرجة متوسطة	كثيرا جدا
1	اشعر بالهدوء				
2	اشعر بالأمان				
3	أنا متوتر				
4	اشعر أن أعصابي مشدودة				
5	اشعر أنني (على راحتي)				
6	اشعر بالاضطراب				
7	أنا الآن منزعج لما قد يحدث من سوء حظ				
8	اشعر أنني قانع (راض)				
9	اشعر أنني خائف جدا				
10	اشعر أنني مستريح				
11	اشعر بالثقة في النفس				
12	اشعر أنني عصبي				
13	أنا شديد العصبية (متوتر)				
14	اشعر أنني غير حاسم				
15	اشعر بالاسترخاء				
16	اشعر بالرضا				
17	أنا منزعج				
18	اشعر أنني مرتبك				
19	اشعر بالاستقرار				
20	اشعر بالسرور				

Anxiety trait (قلق السمة)

هذا المقياس هو استكمال للمقياس السابق ولكن هذه المرة الأدوات تقيس مشاعرك في **كل الأوقات**، أي ما تشعر به في حياتك على **الدوام**.

الرقم	العبارة	أبدا تقريبا	أحيانا	كثيرا	دائما تقريبا
21	اشعر بالسرور				
22	اشعر بالعصبية وعدم الاستقرار				
23	اشعر أنني مقتنع بنفسي				
24	أتمنى أن أكون سعيدا كما يبدو على الآخرين				
25	اشعر كأنني فاشل				
26	اشعر بالراحة				
27	أنا هادئ وساكن ومتماسك				
28	اشعر أن الصعوبات تتراكم علي بحيث لا استطيع التغلب عليها				
29	اقلق كثيرا جدا على أشياء ليست مهمة في الواقع				
30	أنا سعيد				
31	لدي (عندي) أفكار مزعجة				
32	تنقصني الثقة بالنفس				
33	اشعر بالأمان				
34	اتخذ القرارات بسهولة				
35	اشعر أنني غير كفؤ				
36	اشعر بالرضا				
37	تمر بخاطري بعض الأفكار غير المهمة وتزعجني				
38	أتأثر بشدة بالأشياء المخيبة للآمال لدرجة أنني لا استطيع استبعادها من تفكيري				
39	أنا شخص ثابت (مستقر)				
40	تصيبني حالة من التوتر أو الاضطراب عندما أفكر في مشاغلي واهتماماتي في الفترة الأخيرة				

Annex 11

Map of Gaza-Strip

العنوان : تأثير الخبرات الصادمة الناتجة من الحرب على غزة على الصلادة النفسية وتقدير الذات لدى طلاب الجامعات في قطاع غزة.

إعداد: سعيد محمد أبو سلطان

إشراف: دكتور عبد العزيز موسى ثابت

الملخص

إن هذه الدراسة تهدف لفحص تأثير الخبرات الصادمة الناتجة من الحرب على غزة على الصلادة النفسية وتقدير الذات لدى طلاب الجامعات ، كذلك تحديد الفروق بينهما بحسب (الجنس ، الجامعة ، نوع السكن والدخل الشهري) وهل تؤثر هذه الخصائص الديموغرافية والاجتماعية- الاقتصادية على مستوى وشدة التعرض للصدمة والصلادة النفسية والثقة بالنفس لدى الطلاب . تم تطبيق طريقة الدراسة التحليلية الوصفية على عينة مكونة من 399 طالبا وطالبة (167 طالبا و232 طالبة) حيث تم اختيارهم ضمن عينة عشوائية طبقية من الجامعات الرئيسية في قطاع غزة وهي الجامعة الإسلامية، جامعة الأزهر ، جامعة الأقصى وجامعة القدس المفتوحة وقد تم استخدام المقاييس التالية في الدراسة وهي قائمة غزة للخبرات الصادمة ، مقياس الصلادة النفسية ، مقياس قلق الحالة وقلق السمة والبيانات الديموغرافية . حيث استخدمت على شكل استبيانات تم تعبئتها من قبل الطلبة وكان ذلك في ربيع العام 2011. وقد أظهرت نتائج الدراسة أن المتوسط الحسابي للخبرات الصادمة بلغ 4.72 . وبالنسبة للخبرات الصادمة فان هناك فروقا تعزى لمتغير الجنس

لصالح الذكور حيث أنهم أكثر عرضة من الإناث، بينما تبين انه لا توجد أي فروق جوهرية تعزى لمتغيرات الجامعة، نوع السكن أو الدخل الشهري. وأظهرت الدراسة أن المتوسط الحسابي للصلادة النفسية لعينة الدراسة بلغ 64.54 ، كما وكانت المتوسطات الحسابية للمقاييس الفرعية للصلادة على النحو التالي :معايير الكفاءة الشخصية وتماسكها 20.99 ، الثقة في القدرات الشخصية وتحمل التأثيرات السلبية 15.32 ، التقبل الايجابي للتغيير والعلاقات الايجابية 13.18 ،السيطرة والتحكم 7.78، الروحانيات 7.27 . أظهر الطلاب الذكور أنهم يتمتعون بالصلادة النفسية أكثر من الإناث وخصوصا فيما يتعلق بثقتهم بقدراتهم وإمكانياتهم بينما اظهر طلاب جامعة القدس المفتوحة صلادة نفسية أكثر من باقي الطلاب في الجامعات الأخرى نظرا لان اغلب طلاب الجامعة موظفين. الطلاب القاطنين في المخيمات تمتعوا بصلادة نفسية اكبر من زملائهم القاطنين في المدن أو القرى كذلك الأمر فان الطلاب الذين يعيشون ضمن عائلات تحصل على دخل شهري يعادل 4000 شيكل فما فوق تبين أنهم يتمتعون بصلادة نفسية اكبر من أولئك الذين يعيشون بظروف مالية متوسطة أو منخفضة .أما بالنسبة لتقدير الذات والتي تم قياسها من خلال قلق الحالة وقلق السمة فقد أظهرت النتائج أن المتوسط الحسابي لنوعي القلق محل الدراسة متقارب (46.62-44.90) وان هذه النتائج تدل على أن مستوى القلق لدى طلاب الجامعات هو بدرجة متوسطة . كذلك لا توجد فروق تعزى لمتغيرات الجنس، الجامعة، نوع السكن والدخل الشهري وعلاقته بالقلق بشقيه الحالة والسمة. وأظهرت الدراسة وجود علاقة طردية بين التعرض للخبرات الصادمة والصلادة النفسية كما أن هناك علاقة طردية أخرى بين الخبرات الصادمة ومستوى قلق الحالة بينما أظهرت الدراسة عدم وجود علاقة بين الخبرات الصادمة وقلق السمة لدى الطلاب . أما بالنسبة للعلاقة بين متغيري الصلادة النفسية وقلق الحالة والسمة فقد تبين أنها علاقة عكسية بمعنى أي زيادة في الصلادة النفسية لطلاب الجامعات سيؤدي إلى تقليل قلق الحالة أو السمة لديهم والعكس صحيح . وفي نهاية

الدراسة تم تقديم بعض المقترحات والتوصيات التي قد تسهم في التخفيف من حدة الخبرات الصادمة وخفض درجة القلق وتعمل على زيادة الصلادة النفسية لدى الطلاب.